SAMPLE DEPARTMENT

Pre-Approval Travel Request



Traveler

Name: Your Name State Employee ID: 0 0 0 X X X X X X X X Home Address: Your Home Address Are you a State Official or Employee? -Select One-Official Duty Station: -Select One-

Department: Your Department Fund: Your Department's Fund Org: Your Department's Organization Program: Your Department's Program Grant: Fill if Applicable

Travel Information

Detailed Nature of Business: What will you be presenting? Where will you be presenting?

Date of Departure

Departing From:

Date of Return:

Traveling To:

Estimated Traveling Expenses

	Paid by Traveler	Direct Paid by NSU	Comments:
Airfare:	0.00	0.00	
Baggage Fees:	0.00	0.00	
Registration:	0.00	0.00	
Lodging:	0.00	0.00	
Motor Pool:		0.00	
Mileage:	0.00		
Per Diem:	0.00	-	
Rental Car:	0.00	0.00	
Local Transportation:	0.00	0.00	
Miscellaneous:	0.00		
	\$ O	\$ O	

Trip Total	^{\$} 0

This document was prepared by:

Extension:

Your Signature

Signature of the Traveler

Account Sponsor's Signature

Account Sponsor

By signing, the Account Sponsor certifies that funds are available to cover expenses.

(If the traveler is the account sponsor, the supervisor's signature is required.)

If the amount claimed on the travel voucher is greater that the approved Trip Total on the pre-approval request, the traveler must adjust the appropriate expense line (ie. airfiare, registration, ect) and have the account sponsor initial next to the changes.

Returning from the trip

I certify that I did use the above direct purchase airline ticket for my approved travel.

Date

Date