

Pre-Approval Travel Request

Traveler				
Name:			Department:	
State Employee ID:		Fund:	Fund:	
Home Address:		Org:	Org:	
Are you a State Official or Employee?			Program:	
Official Duty Station:			:	
Travel Information				
Detailed Nature of Busin	iess:			
Date of Departure:			of Return:	
Departing From:		Traveling To:		
Estimated Traveling E	xpenses			
	Paid by Traveler	Direct Paid by NSU	Comments:	
Airfare:				
Baggage Fees:				
Registration:				
Lodging:				
Motor Pool:				
Mileage:				
Per Diem:				
Rental Car:				
Local Transportation:				
Miscellaneous:				
	\$	\$		
	Trip Total	"	1	
This document was prepared by:			Extension:	
Signature of the Traveler			Date	
Account Sponsor Date By signing, the Account Sponsor certifies that funds are available to cover expenses.			Date	
	_		_	
(If the traveler is the acco				
	_		d Trip Total on the pre-approval request, the	
	ppropriate expense line	(ie. airtiare, registration	n, 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.				
Signature of the Traveler			Date	