

GEORGIA SOUTHWESTERN STATE UNIVERSITY  
Americus, GA

**TRAVEL APPROVAL FORM**

This form must be on file with the Business Office before making any trip for which reimbursement for expenses is expected. This will indicate that funds are available. It will also show for insurance purposes that the employee was on official duty for the University.

I request authorization to travel for the University, and to be reimbursed for expenses in accordance with University travel policies.

Employee Name (**Please Print**)

Expected Departure and Return

Depart: Date  
Time

Return: Date  
Time

Destination  
Purpose of Trip

Estimated Expenditures\*

Mileage @ per mile  
Daily Hotel Rate # days  
Daily Food Cost # days  
(Maximum of \$28 per day pro-rated)

3 meals per day	breakfast/lunch/dinner	\$28.00
2 meals per day	breakfast/lunch	13.00
	breakfast/dinner	21.00
	lunch/dinner	22.00
1 meal per day	breakfast	6.00
	lunch	7.00
	dinner	15.00

Click to see chart

Air Fare  
Registration Fees  
Taxi  
Other \_\_\_\_\_

**TOTAL ESTIMATED COST**

Please indicate (\*) which items, if any, were prepaid by GSW

Reimbursement for above expenses will be charged to:

ACCOUNT FUND DEPT ID PRGM CLASS GRANT

\_\_\_\_\_  
Employee Signature

APPROVAL Signature:

\_\_\_\_\_  
Appropriate Budget Head  
or Supervisor

\_\_\_\_\_  
President or Vice President for Business & Finance