Clear Form

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER

New Orleans Campus

Prior Approval Request for Travel

(Check One) ☐ International ☐ Domestic ☐ Recruitment

LSUMC Employee/Student ☐ Yes ☐ No

Name of Traveler

EMPLID

Department

US Citizen/Permanent Resident ☐ Yes ☐ No

Destination #1

Destination #2

Date of Request

Dates of Travel to

Mode of Travel ☐ Personal Car ☐ Airplane ☐ Other **Dates of Travel** to

Purpose:

Estimated Travel costs (Include all Expenses)		**Total Estimated Cost**		**Funding Source #1**	**Funding Source #2**
			Fund		
			DeptID		
Registration Fee *	**$**		**Program**		
Transportation			**Class**		
Lodging			**ProjectID**		
Meals					
Miscellaneous					
Other					
Total	**$**	0.00			

The following must be completed for Travel on Federal Grants -

I certify that the above requested travel is directly associated with the Federal grant indicate and will benefit from my participation for the following reason:

Travel Advance Req ___ **Yes $**

Traveler's Signature: **Date**

Auto Rental Requested ___ Yes - Estimated Cost **$** Number of Days

Automobile Type: ☐ Compact ☐ Full Size Sedan ☐ Other

Justification:

Approved

Department Head (or designee) Date

(Only the cost of rental of sub-compact or compact models is reimbursable, unless non-availability is documented or the vehicle will be used to transport 3 or more persons.)

Request for Actual Cost Allowances (Check one or more)

☐ Allowance for actual cost of non-conference/meeting/training seminar lodging rates by no more than 50% (**documentation must be submitted to show attempts were made with hotels in the area to receive the best rate**).

☐ Allowance for actual cost of conference/meeting/training seminar lodging for single occupancy standard room (applies only to a designated conference/meeting/training seminar hotel, **documentation required**).

Justification:

Approved

Department Head (or designee) Date

Approved According to University Regulations

Department Head Date Chancellor (or designee) (For International Travel) Date

Dean/Administrative Officer Date

* If registration fee paid with LaCarte, type “P-card” in the space provided (a dollar figure should not be included)