

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 John Traveler

EMPLID 9999999

Department Home Department of Traveler

Destination #1 Host City of Meeting

Destination #2 _____

US Citizen/Permanent Resident Yes No

Date of Request 02/19/01

Dates of Travel 02/20/01 to 02/20/01

Dates of Travel 02/20/01 to 02/20/01

Mode of Travel Personal Car Airplane Other

Purpose: Provide complete explanation for the purpose of the travel.

Estimated Travel costs (Include all Expenses)	Total Estimated Cost	Fund	Funding Source #1	Funding Source #2
Registration Fee *	\$ 150	DeptID	111	111
Transportation	350	Program	1651000	1651000
Lodging	200	Class	50001	50001
Meals	75	ProjectID	10105	10105
Miscellaneous	25		565100002	565100002
Other	10			
Total	\$ 810			

The following must be completed for Travel on Federal Grants -
I certify that the above requested travel is directly associated with the Federal grant indicated and will benefit from my participation for the following reason:
Provide justification for charge to a Federal program

Travel Advance Req Yes \$ _____

Traveler's Signature: _____ Date _____

Auto Rental Requested Yes - Estimated Cost \$ 500.00 Number of Days 5

Automobile Type: Compact Full Size Sedan Other

Justification: Provide a complete justification for the car rental, including need for other than compact car.

Approved _____
Chancellor (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: Provide a complete justification for the exception

Approved _____
Chancellor (or designee) _____ Date _____

Approved According to University Regulations

Department Head _____ Date _____ Chancellor (or designee) _____ Date _____
Dean/Administrative Officer _____ Date _____ (For International Travel)

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