

# 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

SSN or EMPLID 123456789

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			
<b>Total</b>	<b>\$ 810</b>			

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 Variable Allowances (Check one or more)

To exceed the established non-conference/meeting/training seminar lodging & meal rates by no more than 25% (documentation required).

To exceed the established conference/meeting/training seminar lodging & meal rates by no more than 25% (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 \_\_\_\_\_  
(For International Travel)

Dean/Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_

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