TRAVEL AUTHORIZATION
GORDON STATE COLLEGE

To: "approving supervisor" _____ Date: _____

From: "person traveling" _____

It is requested that I be absent to attend: _____

_____

Located at: _____

Please check here if this is a Standing Authorization _____ List Semester or Fiscal Year _____

NOTE: Standing Authorizations are good for day trips only….. Overnight travel requires a separate notification to be done.

I expect to depart: _____
(Date & Time)

I expect to return: _____
(Date & Time)

Approximate Cost of Trip:	Mileage	$ _____
	Registration	$ _____
	Lodging	$ _____
	Meals	$ _____
	Other	$ _____

All prepayments for hotel and/or registrations require the submission of a Check Request Form made payable to the vendor with proper documentation attached, at least 2 weeks prior to the date of the travel.

I EXPECT TO TRAVEL VIA: (College Vehicle) ____ (Personal Vehicle) ____ (Common Carrier) _____ (Rental) ____

How will Gordon State College benefit from this travel: _____

Signed: (person traveling) _____

Authorized By: (budget supervisor) _____

Instructions: Forward the signed and approved Travel Authorization to the office of the VP for Finance & Administration