

Travel Authorization Form

NAME	DATE	
SENMC NUMBER		
DESTINATION		
PURPOSE OF TRIP REQUEST		
DEPARTURE DATE	TIME	
RETURN DATE	TIME	
TRAVELERS SIGNATURE		
SUPERVISORS SIGNATURE		
APPROVED YESNO		
SUPERVISORS REASONS FOR NOT APPROVING		
WILL YOU BE LEAVING YOUR PERSONAL VEHICLE ON CA	,	
MAKE: MODEL:	YEAR: COLOR:	
CAMPUS PARKING STICKER #		
NOTES:		



Off Campus Travel Request

Date		

Name				SENMC ID#				
					Index#			
			Purpo	Purpose of Trip				
Depa	rture Date _			_	Time		-	
	eturn Date							
				TED COST				
Meals:	1st	Day 75%			_		Total	
	d so forth)100						Total	
	Last	Day 75%			_		Total	
Lodging:	Per diem _						Total	
Auto:		Official		Miles @		per mile	Total	
		Private		Miles @		per mile	Total	
	<u> </u>	Rental					Total	
Rental Rate (private vehicle) Miles/22 X \$ per gal. + \$65 per day					Total			
Regist	ration Fee		Membe	rship Fee			Total	
Airfare:							Total	
	te of Birth _							
Lug	ggage Fees_		•	Transport	ation Fees_		Total	
Other:							Total	
Other:							Total	
		ESTIMA	TED COST	OF TRIP			Total	
•	u like a trav			Yes		No _		