Office of Business Affairs
Bethune Cookman University

TRAVEL AUTHORIZATION REQUEST

TRAVELER NAME _____ **EMPLOYEE ID** _____

DESTINATION (CITY, STATE) _____ **TRAVELER SIGNATURE** _____

BUSINESS PURPOSE _____

_____

BENEFIT TO UNIVERISTY _____

_____

Date From: _____ **Date To:** _____ **Departure Time:** _____ **Return Time:** _____

***funding source*:** Fund# Function # Department # Program Code Object#

Meals per day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Breakfast @ $6.00 Departure before 6 a.m.										
Lunch @ $11.00 Departure before 12 noon										
Dinner @ $19.00 Departure before 6 p.m.										
Per Diem										
TOTAL Per day	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

*Please check if **cash advance** requested* *yes* ☐ *no* ☐ **TOTAL FOR MEALS** $0.00

Hotel/Lodging: # of Days _____ Amount / Per day $0.00 = **TOTAL FOR LODGING** $0.00

Transportation: Auto Rental $0.00 Airfare $0.00 = **TOTAL FOR TRANSPORTATION** $0.00

Mileage: Map _____ Vicinity 0 X Rate .49 = **TOTAL FOR MILEAGE** $0.00

Incidentals: Parking/Tolls: _____ Registration: _____ = **TOTAL FOR INCIDENTALS** $0.00

_____
Supervisor/Director/Dean **Date**

_____
Vice President/President **Date**

TRAVEL AUTHORIZATION TOTAL $0.00

Print Form