



Travel Authorization and Out-of-State Approval Form

Traveler's Name: _____ -SUNY EE -RF EE -Other Student

Department: _____ -Independent Contractor

Project/Award: _____

Destination: _____ Dates of Travel: _____

Purpose of Travel: _____

Estimate of Expenses:

Notes:

Airfare \$ _____

Other Transportation-please specify \$ _____

Lodging (rate per night x number of nights)* \$ _____

Meals (rate per day x number of days)* \$ _____

Conference Fee \$ _____

Other-please specify \$ _____

Total \$ _____

Signature of Traveler: _____ Date: _____

* Meals and lodging per diem rates can be found at www.gsa.gov. If actual lodging rate exceeds allowable per diem then Request to Exceed Maximum Lodging Rates Form must be submitted for approval prior to travel.

**Attach copies of programs, brochures, agendas, accommodations, transportation, etc.

*** Request and supporting documents must be submitted prior to travel.

Approvals	Date: _____
Estimated Travel: \$ _____	
PI Approval: _____	
Supervisor Approval: _____	

VPR/Provost Approval : State EE/Students _

Date: ____/____/____

Out-of-State Travel (State Employees/Students):

President Approval Date: ____/____/____
