

# SOUTH TEXAS COLLEGE

## TRAVEL AUTHORIZATION FORM

Name: _____ A# : _____		Date: _____	
Title/Department: _____		Homebase: _____	
Destination: (City, State) _____		Name of Event: _____	
Duties/Departure Time: _____ am/pm _____ (time) _____ (date)		to _____ am/pm _____ (time) _____ (date)	
Time & date of the seminar: _____ am/pm _____ (time) _____ (date)		to _____ am/pm _____ (time) _____ (date)	
(See Chapter 1, section 1.10) of the travel guidelines			
Vacation time & dates : _____ am/pm _____ (time) _____ (date)		to _____ am/pm _____ (time) _____ (date)	
* This portion does not substitute a leave form			
<b>Purpose, Justification and Benefit of Travel (attach supporting documentation)</b>			
What is the purpose of the travel? _____			
Why is the travel necessary? _____			
How does the travel benefit STC? _____			
Fund code: _____ Orgn Code: _____		Calculation of Total Cost	
Organization name: _____  Registration fee required: Yes _____ No _____ Registration form attached: Yes _____ No _____ Registration fees due date: _____  <i>Note: Organizational Memberships should be processed via a purchasing requisition</i> Other Registration fees instructions: _____ _____ _____		Distribution	Amount
		Airfare	\$
		Taxi	
		Car Rental	
		Other	
		Registration	
		Per Diem Meals	
		Lodging	
		Personal Car Mileage @ 0.58	
Registration: <input type="checkbox"/> Mail <input type="checkbox"/> Overnight <input type="checkbox"/> Hand carried Hotel: <input type="checkbox"/> Mail <input type="checkbox"/> Overnight <input type="checkbox"/> Hand carried <b>Note: If overnight provide physical address</b>		Estimated Total	
		Amount of Advance (80% Per Diem)	\$
Is this travel itemized on budget? Yes _____ No _____ If no, please attach justification.		<b>Grant Funded Travel Only</b> <b>GSA Lodging Rate Confirmed by:</b> _____ <b>Grant Accounting</b>	

I certify that the expense account shown above is true, correct and unpaid. I acknowledge that failure to submit the required Travel Voucher form, within 20 working days after returning from the trip may result in a payroll deduction.

*This form is for the use of South Texas College Employees only.*

**Non-Exempt Employee**
**Exempt Employee**  
 Non-Exempt Employees should refer to Section 5.06, Travel for Non-Exempt Personnel, of the STC Travel Guidelines.

Signature (Requester) _____	Date _____	Immediate Supervisor _____
Telephone Number _____	Financial Manager's (Director or Dean) _____	Date _____
	Division Vice-President/President _____	Date _____

**NOTE: All approved travel authorizations must be submitted to the Business Office at least 15 business days prior to travel date. Employee will be personally responsible for all travel expenses if the Travel Authorization is not received at the Business Office Accounts Payable Department 15 business days prior to the travel date and not included on a regularly scheduled check processing run.**

Breakdown for Meals: Please refer to Travel website - <http://finance.southtexascollege.edu/businessoffice/travel.html>  
 File: Perdiem Rates (US General Services Administration)