

CSU TRAVEL AUTHORIZATION

CSUFERS – 30 (1/10)

Western Connecticut State University

**181 White Street
Danbury CT 06810**

1. Use this form to obtain prior approval for all out of state travel and in-state trips involving any non-mileage expense greater than \$25.00 per trip.
2. Type and get authorized signature(s) then forward it with substantiating documentation to the Office of Administrative Services. If Int'l travel forward a copy to Office of Int'l Services.
3. If personal car will be used; a current copy of the car insurance policy must be on file.

(1) T. A. No.
(2) <input type="checkbox"/> Original <input type="checkbox"/> Revised
(3) Requested Date:

(4) Employee Name:	(5) Home Phone:	(6) Banner ID:
(7) Title:	(8) Work Phone:	(9) Employee #:
(10) OFFICIAL DUTY STATION: 181 White Street, Danbury CT 06810		E-Mail Address:
(11) Collective Bargaining Unit: <input type="checkbox"/> AAUP <input type="checkbox"/> MGMT <input type="checkbox"/> SUOAF-AFSCME <input type="checkbox"/> Other		

ITINERARY		DEPART		RETURN		CARRIER INFO
(12) Home/Duty Station	(13) Travel To	(14) Date	Hour	(15) Date	Hour	(16) Flight/Rail/Bus

(17) **Object and Necessity of Travel (Attach substantiating documents)**

(18) **TYPE OF TRANSPORTATION**

Air	<input type="checkbox"/> Central Reservations	<input type="checkbox"/> Outside Agency	<input type="checkbox"/> Personally Owned Car	Car Policy Exp. Date
Rail	<input type="checkbox"/> Central Reservations	<input type="checkbox"/> Outside Agency	<input type="checkbox"/> State Owned Car	
	<input type="checkbox"/> Parking Permit Bradley Airport Only		Names of Riders:	

(19) Reg. Prepaid by Agency: Yes (20) Vendor's FEIN # (MANDATORY) _____

(21) Travel Advance Requested: Yes (22) Amount Requested: \$ _____

Total Cost (Itemize) Note: Rates for meals and lodging should not exceed those provided for in standard Travel Regulations and in Collective Bargaining Agreements.

(23) Airfare/Rail	_____	(29) Lodging	_____
(24) Registration	_____	(30) Conference Hotel	_____
(25) Rental Car	_____	(31) Hotel Tax	_____
(26) Taxi/Limo	_____	(32) Meals	(Per Diem Rate) \$ _____
(27) Parking/Toll	_____	(33) Personal Mileage	_____ Miles @ 51 cents
(28) Other (Specify)- _____			
			TOTAL COST \$ _____

(34) Banner Org	(35) Account	(36) Amount	Auth. Signature	Banner Org	Account	Amount	Auth. Signature

(37) **AUTHORIZED SIGNATURES**

Employee Signature	_____	Date:	_____
Approved By: (Supervisor)	_____	Date:	_____
Approved By: (Dean/Dir)	_____	Date:	_____
Authorized by (President/VP)	_____	Date:	_____