

## CLARK ATLANTA UNIVERSITY TRAVEL REQUISITION/AUTHORIZATION

This form must show signature approval by authorized University official(s) and the form must be submitted to the Purchasing Office prior to finalizing any travel arrangements. Retain duplicate copy from the Purchasing Office to submit with your Travel Expense Report. A Travel Expense Report must be filed within seven (7) calendar days after returning from the trip. If the trip is canceled, the Accounting Office and the travel agency booking the travel should be notified and the advanced draw check or the amount of the advance must be returned immediately.

| BUDGETARY CODING MUST BE COMPLETED         REQUISITION/AUTHORIZATION NO.: |  |       |  |      |           |   |       |      |    |
|---|--|-------|--|------|-----------|---|-------|------|----|
| INDEX:  |  | FUND: |  | ORG: | <br>ACCT: |   | PROG: | AMT. |    |
|   |  |       |  |      |           | Т | 'otal |      | \$ |

| Name and Title                               |  | <u>Cost Items</u>   | Traveler's<br>Out-of Pocket<br>Costs (A)   | Pre   | ts to be<br>paid by<br>ersity (B)          | Total Estimated<br>Cost of Entire<br>Trip (A+B) |
|--|--|---|--|-------|--|---|
| Title/Status                                 |  | Air Fare + Travel<br>Agency's Fee   |  |       |  |   |
| Guest's, Student's,<br>or Employee's #       |  | Rental Car  |  |       |  |   |
| Traveler's Address:                          |  | Privately Owned<br>Vehicle \$/mi  |  |       |  |   |
|  |  | Airport Parking   |  |       |  |   |
|  |  | Lodging   |  |       |  |   |
| Dept/Div/School                              |  | Hotel Parking, if applicable  |  |       |  |   |
| Telephone #, FAX #<br>& email address        | Tel:<br>FAX:<br>Email:   | Meals (Per Diem)  |  |       |  |   |
| Travel<br>Destination(s)                     |  | Registration  |  |       |  |   |
| Trip Dates                                   |  | Miscellaneous : other<br>business expenses  |  |       |  |   |
| Time of Departure<br>& Time Return           |  | Total Estimated<br>Cost   |  |       |  |   |
| For Purcl                                    | For Purchasing Office Use Traveler's Advance Reque             |   | ce Requested: \$                           |       |  |   |
| P.O. Number:<br>P.O. Number:<br>P.O. Number: | , Amt. \$<br>, Amt. \$<br>, Amt. \$<br>, Amt. \$<br>_, Amt. \$ | <ul> <li>After all approvals,</li> <li>Purchasing Office.</li> <li>desired. Allow 14 c</li> <li>Advance Check Re</li> </ul> | If an Advance Chec<br>calendar days to pro | ck is | Advance A<br>Check No.<br>Amount:<br>Date: | Acct: <u>110000.1210</u><br>.:<br>              |

DESCRIPTION AND JUSTIFICATION FOR TRAVEL: \_

I certify that I have read and understand the travel policy governing this document and all costs proposed are reasonable and necessary. I authorize the University to withhold from my payroll check any portion of the travel advance not supported by my travel expense report that is not reconciled 30 days after the return from official travel.

|                                  | / .                      |  |        |
|----------------------------------|--------------------------|--|--------|
| Traveler's Signature             | Date                     |  |        |
| APPROVED BY:                     |                          |  |        |
|                                  | /                        | /                                      |        |
| Dept. Head/Project Director's Ap | pproval Signature, Date  | Dean/ VP's Signature                   | Date   |
|                                  | /                        | /                                      |        |
| Executive VP Approval Signatur   | e (Foreign Travel), Date | Grants & Contracts or Accounting Offic | e Date |
| CAU -PUR-4 (02/15/2008)          |                          |  |        |