

TRAVEL & STATE CAR RESERVATION REQUEST AND AUTHORIZATION FORM

No 62080

SECTION 1 (to be completed by traveler — Please **press hard)**

If you cancel this trip after form was processed check box and return form to Travel Coordinator / CANCELLED TRIP

Traveler's Name _____ Employee LHU ID# _____
 Department _____ Transportation Mode _____
 Traveler's Destination _____ Estimated Mileage (one way) _____
(City) (State) Office Telephone Number _____
 Purpose of Travel _____ Traveler's Cost Center _____

Are you receiving any other compensation for trip other than LHU's compensation? Yes No

Exact dates away from campus _____

ESTIMATED COSTS (must complete)

Transportation \$ _____
 Lodging \$ _____
 Meals \$ _____
 Misc Charges \$ _____
 Registration Fees \$ _____
 Meals Included _____
 Total est charges \$ _____

SECTION 2 (to be completed by Travel Coordinator)

Doc Nos	Enc Amt	Funds Reservation
TO# _____	\$ _____	Cost Center/Funds Center _____
HO# _____	\$ _____	G/L Account/ Commitment Item _____
Meals & Misc. Charges _____	\$ _____	Date Encumbered _____
Line#OBJT _ _ _ _ _ _ _ _ _	\$ _____	
Line#OBJT _ _ _ _ _ _ _ _ _	\$ _____	
Total Encumbered	\$ _____	

STATE CAR INFORMATION

VEHICLES SHOULD NOT BE TAKEN FROM THE GARAGE PRIOR TO THE SIGN-OUT DATE AND MUST BE RETURNED IMMEDIATELY UPON COMPLETION OF EACH TRIP If garage is locked, park the car behind Boiler Plant, complete mileage log with itemized daily mileage and leave keys with Utility Plant Operator or drop through slot in door. If picking up car before 7:00 a.m. contact Security 484-2278 to obtain keys for your assigned car.

NO VEHICLE AVAILABLE — SORRY
 Signature of Vehicle Coordinator _____

Section 1A (Complete this section only if requesting state car)

List Passengers _____
 Requesting car - Date _____ Time _____
 Returning car - Date _____ Time _____

SECTION 3 (completed by Dean or Chair)

Traveler should be reimbursed according to travel regulations but not in excess of fixed amount \$ _____
 If no state car available mileage to be paid at prevailing rate Yes No
 Organization to be charged _____
 Initials of restricting person _____

SECTION 4 (completed by vehicle coordinator)

Vehicle License No Assigned _____
 Vehicle Available Date _____ Time _____
 Vehicle to be Returned Date _____ Time _____

Traveler's Signature _____ Date _____
 Signature of Department Chairperson _____ Date _____
 Signature of Dean or Director _____ Date _____
 Signature of Vice President _____ Date _____

If destination is 300 or more miles (one way) from LHU or out-of-state, signature of the President is required.

Signature of the President _____ Date _____

All unshaded areas must be completed. All incomplete forms will be returned to traveler and could jeopardize completion of documentation necessary to receive reimbursement upon return.