Appendix EE Updated 1/19/2023

**BEVILL STATE COMMUNITY COLLEGE**

**PRE-TRAVEL AUTHORIZATION FORM**

**In-State Per Diem**

**In-State Actual (Claim only if Bevill is a dues paying member\*)**

**Out-of-State Actual**

Name: Click here to enter name Date: Click here to enter a date.

Department: Click here to enter dept. Account #: Click here to enter acct. #.

Name of Meeting or Conference: Enter name of meeting or conference.

**(Attach a copy of the agenda and please do not use acronyms.)**

Destination: Enter destination. Purpose: Enter purpose of trip.

Names of other Bevill State personnel attending this conference/meeting: Click here to enter name(s).

Mode of travel: Air State Vehicle Personal Car Other

(If you choose to drive a personal car instead of via an airline, please provide the air fare rates for the time frame of the travel.)

Date Leaving: Choose date leaving Date Returning: Choose date returning.

**Indicate which one of the three types of pre-travel authorizations you are seeking and complete required information for that section. Travel will  
be reimbursed in the most economical method for the College.**

**Out of-State Actual**

Per Diem $enter amt

Hotel $enter amt

Fare or Mileage $enter amt

65.5 cents per mile

Estimated Total Miles \_\_\_\_\_\_

Registration $enter amt

Other $enter amt

Total $enter amt

**In-State Per Diem**

Per Diem $enter amt

Fare or Mileage $enter amt

65.5 cents per mile

Estimated Total Miles \_\_\_\_\_\_\_\_

Registration $enter amt

Other $enter amt

Total $enter amt

Per Diem

$12.75 trips 6-12 hours

$34.00 trips exceeding 12 hours

$85.00 per day for 2-day trip/1 night, etc.

$100.00 per day for 3-day trip/2 or more nights

**In-State Actual**

\*Insert Name of Member Organization

Click here to enter text.

Hotel $enter amt

Fare or Mileage $enter amt

65.5 cents per mile

Estimated Total Miles \_\_\_\_\_\_

Registration $enter amt

Other $enter amt

Total $enter amt

I waive the right to In-State Actual and will be claiming In-State Per Diem for this travel.

Job and/or class responsibilities while away will be assumed by: Click here to enter text.

Signature of Requester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Choose date

APPROVALS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1.) Immediate Supervisor (2.) Appropriate College-wide Dean

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(3.) President (For all Out-of-State or In-State Actual)

If not approved, state reason and return to requester: Insert text as appropriate.