



PRE-TRAVEL AUTHORIZATION FORM
IN-STATE PER DIEM/IN-STATE ACTUAL (DUES PAYING MEMBER)/OUT-OF-STATE ACTUAL

Employee Name: \_\_\_\_\_
Employee ID: \_\_\_\_\_ Campus: \_\_\_\_\_
Department: \_\_\_\_\_ Account Number(FOAP): \_\_\_\_\_

Travel Purpose

Travel Purpose: Conference Training Meeting Other
Travel Description: \_\_\_\_\_
Destination: \_\_\_\_\_

Travel Details

Mode of Transport: BSCC Vehicle Personal Vehicle Air Other
Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Expense Description

In-State Per Diem In-State Actual (Dues Paying Member) Out-of-State Actual
Name of Member Institution: \_\_\_\_\_

Estimated Expenditures (Note: If claiming Line 1, do not claim Line 2.)

Table with 2 columns: Expense Category, Amount. Rows include In-State Per Diem, Meals Expense, Transportation Expense, Lodging Expense, Conference Registration, Other, and Total Estimated Expenditures.

\*Per Diem Rates for In-State Travel

Table with 2 columns: Rate, Description. Rows include \$12.75 for 6-12 hours, \$34.00 for trips exceeding 12 hours, \$85.00 per day for 2-day trip, and \$100.00 per day for 3-day trip.

Traveler's Signature & Date Signed

Approvals

Immediate Supervisor: \_\_\_\_\_
Signature Date

Appropriate College-wide Associate Dean/Director (if applicable): \_\_\_\_\_
Signature Date

College-wide Dean (if applicable): \_\_\_\_\_
Signature Date

Vice President (as appropriate): \_\_\_\_\_
Signature Date

President (For Out-of-State or In-State Actual): \_\_\_\_\_
Signature Date

If not approved, state reason and return to requester. \_\_\_\_\_

NOTE: If applicable, attach a copy of agenda, map, invoice, GSA rate of destination, etc.

GSA Per Diem Rates