



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: _____ Other BSCC Employees Attending: _____

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.)

1. In-State Per Diem (<i>See chart If claiming</i>) *	
2. Meals Expense- GSA Per Diem Link at Bottom	
3. Transportation Expense/Mileage \$0.725	
4. Lodging Expense (<i>In-State Actual or Out-of-State Actual</i>)	
5. Conference Registration/Fee	
6. Other Detail other expense(s)	
Total Estimated Expenditures	

***Per Diem Rates for In-State Travel**

\$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

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](#)