



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 (See chart If claiming) *	
2. Meals Expense- GSA Per Diem Link at Bottom	
3. Transportation Expense/Mileage \$0.725	
4. Lodging Expense (In-State Actual or Out-of-State Actual)	
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](#)