

**TRAVEL AUTHORIZATION / REIMBURSEMENT FOR TRAVEL**  
**For Non-ECU Employees & Non-Students**

Travel office only  
**TM#**

**SECTION ONE: TRAVEL AUTHORIZATION** (This is the Pre-approval Section) - Complete fully and hold form until travel is completed.

1	Department Name <b>Financial Services</b>	**Cost Estimate Detail: Complete only if required	**Transportation Air, rental taxi	**Subsistence Meals	**Other Hotel, parking	Total Cost Est. Total \$0.00
2	Traveler's Name Legal name of traveler	Title Faculty candidate, speaker or professions			Banner ID 1st Candidate visit no Banner ID required Researchers/Speakers a Banner ID is required	
3	Traveler's Permanent Address Mailing address	City		State	Zip code	
4	Explanation: Destination and Purpose of Trip:  Where they are traveling from and to: Example: Greenville, SC to Greenville, NC The business purpose of the trip: Example :To interview for accounting position in Accounts Payable	Pd. Covered	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Pd. Covered	Date
		FROM: Date with departure time		TO Date with return home time		
Pre-Approval Signature(Print & Sign) Department head (chair) print name and signature*					Date Date signed	
Pre-Approval Signature(Print & Sign) Department Dean print name and signature*					Date Date signed	

**SECTION TWO: FOAPAL**

	FUND (6)	ORGN (6)	ACCT (5)	PROG (4 )	ACTV (OPT)	LOCN(OPT)	AMOUNT
FOAP	111170	240208	73263	0000	If applicable		\$0.00
			Account codes differ for Research participants and Candidates				

7	<b>Special Travel Reimbursement:</b> Total Excess Lodging: \$0.00 Total Excess Meals: \$0.00 Airline Ticket (include/exclude) \$0.00 Other: \$0.00 If Other, specify _____ *Other may include baggage, telephone, registration, parking, taxi, etc.	Amount <input checked="" type="radio"/> In-state <input type="radio"/> Out-of-state <input type="radio"/> Foreign	This is to document travel type		<b>TOTAL EXPENSE:</b> \$ Total reimbursement amount
8	Under Penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses, and allowances incurred in the service of the state. I certify that I have not received any reimbursement for this trip from an outside agency. If I have received outside reimbursement or if I receive outside reimbursement in the future, I understand that it must be remitted to my department's designated collection point of deposit. By my signature, I acknowledge that my travel advance must be repaid within 30 days of the completion of my travel. I further acknowledge that if I do not repay my travel advance as indicated, my signature constitutes authorization for ECU's Payroll Department to deduct the unpaid portion of my travel advance from my paycheck.	I have examined this reimbursement request and certify that it is just and reasonable.  VC print, sign & date only if late & State Funded Approval Signature (Print, Sign & Date) if Applicable Funding Source print name, signature and date signed		LESS ADVANCE Check #	<b>TOTAL REIMBURSEMENT</b> \$ Amount to be reimbursed
9	Traveler's Signature (Print, Sign & Date)  Name of traveler to be printed, signed and dated	Approval Signature (Print, Sign & Date) Department Chair (Head) print name, signature and date signed		Approval Signature (Print, Sign & Date) Department Dean print name, signature and date signed	

**SECTION THREE: DETAILED EXPENSE INFORMATION**

mm/dd/yy Day	Travel (Show each city visited)		Transportation		Subsistence		Other	
	From	To	Mode	Pers Veh Miles	Amount	Type	Amount	Explanation
List each travel day of expenses	Ex: Greenville, SC	Greenville, NC	Pers Veh. Mileage (attach Google map copy)			B=Breakfast		Taxi (add receipt)
			Air (Economy no add-ons & attach receipt)		\$ Cost of flight	L= Lunch		(tip 15% base fare)
			Other		\$ -	D =Dinner		baggage (airline cost)
			Rental (Economy no add-ons & attach receipt)		\$ -	H = Hotel		attach receipt)
			Pers Veh. (attach receipt)					parking (attach receipt)
						B	\$ -	
						L	\$ -	
			Air		\$ -	D	\$ -	
			Other		\$ -	H	\$ -	
			Rental		\$ -	*	\$ -	
<b>Totals from Pages 2 &amp; 3</b>					\$ -		\$ -	
			*Total		\$ -	*Total	\$ -	*Total

Prepared By (Print & Sign) REQUIRED  Preparer print and sign	Date  Date manual travel form was prepared	Contact information Phone Email
--	--	---------------------------------------

DISCLOSURE  
 RE \*an Interview itinerary suffices as the pre-approval

No State funds can be used if over 30 days and you will need to attach a late memo.