

LOUISIANA STATE UNIVERSITY EUNICE

REQUEST FOR TRAVEL and/or OFFICIAL LEAVE (Rev. 08-2009)			
Traveler	LSU ID	<input type="checkbox"/> Employee	<input type="checkbox"/> Student
Department		Account #	
Destination			
Departure Date:		Departure Time:	
Return Date:		Return Time:	
Purpose of Travel:			

Estimate	Expense	Qty	Special Approval Requested and/or Justification for Request
	Air Fare		
	Registration		
	Mileage 52¢/mile	(# miles)	
	Meals – Per Diem	(# days)	
	Meals – Conference	(# meals)	Actual expense reimbursement for meals designated as integral part of conference (copy of conference brochure must be attached)
	Vehicle Rental*	(# days)	Justification attached
	Lodging – Routine	(#days)	Reimbursement up to 50% in excess of maximum otherwise allowed Justification attached
	Lodging – Conference	(#days)	Actual reimbursement for conference lodging requested (copy of conference brochure must be attached)
	Other Allowable	*The cost of Collision Damage Waiver (DCW) and Personal Accident Insurance (PAI) are not reimbursable expenses.	
	TOTAL Estimated Cost		

APPROVALS	Signature	Date
Traveler		
Division Head		
Vice Chancellor		
Chancellor*		

*Required for in-state travel \$500 and above and for any out-of-state travel.

Cc: Chancellor (if in-state travel under \$500)

Note: Whether or not cost is incurred by the university, documentation must be attached to this form showing that the travel is for official state business (e.g., agenda, program, email). Lack of documentation could result in forfeiture of official leave.