



VSU *Standing* Request for Authority to Travel Form

*THIS REQUEST FOR STANDING AUTHORITY TO TRAVEL MUST BE COMPLETED AND ALL APPROVALS OBTAINED **BEFORE** YOU ACTUALLY TRAVEL. THIS FORM IS FOR INDIVIDUALS REQUIRED TO TRAVEL ON A REGULAR BASIS THROUGHOUT THE FISCAL YEAR **ONLY WITHIN THE STATE OF GEORGIA. TRAVEL OUTSIDE OF GEORGIA CANNOT BE ON STANDING AUTHORIZATION.***

Authorization # (To be completed by Travel Office):

TRAVELER INFORMATION

Applicant: _____ VSU ID or Last 4 Digits of SSN#: _____

Employing Dept/Unit: _____ Dept Contact: _____ Ext: _____

Purpose for Standing Authorization to Travel:

This Authorization Covers Travel Dates: (From) _____ (To) _____ or (Fiscal Year) _____

Number where you can be reached while traveling: _____

Individual responsible for day-to-day operations in your absence: _____

Default Reimbursable Cost Account: _____
(Actual account can be edited on the Travel Expense statement) (Account-Fund-Department-Program-Class-Grant)

AUTHORIZATIONS

Applicant's Signature: _____ Date: _____

Department Head: _____ Date: _____

Dean/ Director: _____ Date: _____

Vice Pres. /Cabinet Officer: _____ Date: _____

Travel Supervisor/ Business Office: _____ Date: _____