

MIDDLE GEORGIA STATE h E / s Z ^ / d z
TRAVEL AUTHORITY

NAME: _____ EMP ID: _____

DEPARTMENT: _____ DEPT #: _____

DATES: DEPARTURE: _____ RETURN: _____

DESTINATION: _____

IT / ~~NET~~ & PURPOSE OF TRIP:

G

ESTIMATED TRAVEL EXPENSES:

(1) AIRFARE _____
(Complete section below)

(2) MILEAGE _____
(Personal vehicle \$0.70/mi)

(3) RENTAL CAR _____

(4) LODGING _____

(5) PARKING _____

(6) MEALS _____

(7) GASOLINE _____

(8) OTHER/MISC _____
(*EXPLAIN)

TOTAL TRAVEL EXPENSES _____

Traveler's Signature