

## REQUEST FOR AUTHORIZATION TO TRAVEL

**AS292**

This form must be completed and approved prior to making any travel reservations.

Traveler		Title		Type	<input type="checkbox"/> Employee <input type="checkbox"/> Student
LSUID		Department			
Contact		Phone		E-mail	
Departure Date		Return Date		Account	
Purpose of Travel					
Destination (City, State and/or Country is required)		Does travel include personal travel days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From:		If yes, please disclose the personal dates and travel destination(s). Travel costs may be limited to the lesser of a lowest logical airfare or prorated amount. (See FASOP: AS-02)			
To:					

### Section A - Foreign Travel (Applies to all travel outside the 50 US States, District of Columbia, Puerto Rico, US Virgin Island, American Samoa, & Guam)

• Are US Dept of State rates being requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is there a US Dept of State Travel Warning or Alert for this destination? - Please refer to the "LSU Restricted Regions List" on the AP & Travel website. - If yes, complete additional required forms per FASOP: AS-18 "High Risk Travel to Restricted Regions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is this Faculty-led travel which includes students? - If yes, please answer the following: ▪ Is this part of an LSU course? If yes, Course # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section B - Estimated Expenses (Refer to FASOP: AS-02 for rates)

Expense	Qty	Amount
Airfare	-	
Registration Fees	-	
Mileage	Miles	
Meals (Per Diem)	Days	
Misc & Incidental	-	

Expense	Qty	Amount
Meals (Conference)	Meals	
Lodging (Routine)	Days	
Lodging (Conference)	Days	
Vehicle Rental	Days	
<b>Total Travel Estimate</b>		

### Section C - Additional Reimbursement Details & Required Special Approvals/Justification

Expense	Description	Approval of	Initials
Meals (Conference)	Meals designated as integral part of conference (attach a copy of the conference brochure).	Direct Supervisor/ Department Head	
Lodging (Routine) *	Up to 50% in excess of maximum otherwise allowed.	Department Head	
Vehicle Rental **	<input type="checkbox"/> Compact <input type="checkbox"/> Mid-size/Intermediate <input type="checkbox"/> Full Size <input type="checkbox"/> Mini-van <input type="checkbox"/> Van <input type="checkbox"/> Other _____	Department Head	

\* Justification Required \_\_\_\_\_

\*\* Justification Required \_\_\_\_\_

Unauthorized individuals should not be transported in University-owned or rental vehicles. Refer to FASOP: AS-02 for exceptions to this policy.

### Section D - Other Special Approvals Requested

Travel > 30 Days Extension of Temporary Assignment greater than 30 days (attach itinerary/travel plans).

APPROVALS	Signature	Printed Name	Date
Traveler			
Director/Dept Head/Chair			
Dean <sup>1</sup>			
Vice Chancellor			
Provost <sup>2</sup>			
Assoc VC, Acct Services <sup>3</sup>			
President & Chancellor			

**Notes: The approved AS292 must be attached to the AS300, "Travel Expense Reimbursement Request" form.**

<sup>1</sup> Required for "High Risk Travel" to a Restricted Region

<sup>2</sup> Required for "Foreign Travel"

<sup>3</sup> Required for "Travel > 30 Days"; applies to meals and/or lodging reimbursements