

**TRAVEL AUTHORIZATION
ARIZONA STATE UNIVERSITY
STUDENT TEAM/GROUP TRAVEL**

DOCUMENT I.D.

TRAN	DOC. NO.
TA	

Leave shaded areas blank

DATE (MO., DAY, YR.)	ACTION E-Original M-Modify	ASU I.D.	PRIMARY ACCOUNT (AGENCY/ORG)	AMOUNT ENCUMBERED (CASH ADV.)
FACULTY/STAFF MEMBER NAME		DEPARTMENT		CONVENTION/MEETING DATES (IF ANY)
PURPOSE (DESCRIPTION)			TRIP DATES (MO., DAY, YR.) From _____ To _____	

Destination (City, State)

DESCRIPTION

TRAVEL PARTY SIZE (a manifest of individuals traveling must accompany this authorization.)

ESTIMATED EXPENSES (indicate if paid directly by Arizona State University)

DESCRIPTION	NUMBER	DESCRIPTION	PAID DIRECT	AMOUNT
Coaches/Responsible Employee		MEALS _____ days for _____ (no. in party) \$ _____ per day		\$ _____
Trainers		LODGING No. of rooms _____		
Managers		GROUND TRANSPORTATION (DESCRIBE)		
Team/Group Members		AIR TRANSPORTATION (DESCRIBE)		
Faculty/Staff Advisors		VISITATION _____ students at \$ _____ per student		
OTHER		OTHER		
OTHER		OTHER		
OTHER		OTHER		
TOTAL PARTY SIZE			TOTAL EXPENSE	
			LESS AMOUNT PAID DIRECT BY ARIZONA STATE UNIVERSITY	

Manifest attached

ACCOUNTING DATA	LINE	AGENCY	ORG.	SUB-ORG.	OBJECT	SUB-OBJ.	TOTAL (AMT. ENCUMBERED)	I/D
	01							

PURPOSE/JUSTIFICATION

I understand that I am required to submit a Travel Claim with required receipts to ASU Travel Section within 7 days after trip is completed. TRAVELER'S SIGNATURE	DEPARTMENT MAIL CODE	DIRECT INQUIRIES TO (NAME)	PHONE
	RANK/TITLE	DATE	PHONE

AUTHORIZING TRAVEL OFFICIAL (ATO): MUST HAVE THIS AUTHORITY AND BE HIGHER LEVEL POSITION WITHIN THE ORGANIZATION OR BUSINESS MANAGER REPORTING TO SUCH PERSON. Authorizing official certifies that, to the best of his/her knowledge, travel is in compliance with FIN 504 (In-State Travel) or 505 (Out-of-State Travel) and, for travel outside the U.S., FIN 506.

Type or Print Name

Title and Department

Signature

Date

If different than ATO, budget approval:

Signature

Print Name

TRAVEL MANIFEST FOR TEAM/GROUP TRAVEL

T.A. No. _____

PAGE ____ OF ____

Please list the names of all of the people traveling. If changes are made, be sure to send modified list to Travel Reimbursements Fax # (480) 965-8174.

NAME TITLE/AFFILIATION

NAME TITLE/AFFILIATION

1. _____

26. _____

2. _____

27. _____

3. _____

28. _____

4. _____

29. _____

5. _____

30. _____

6. _____

31. _____

7. _____

32. _____

8. _____

33. _____

9. _____

34. _____

10. _____

35. _____

11. _____

36. _____

12. _____

37. _____

13. _____

38. _____

14. _____

39. _____

15. _____

40. _____

16. _____

41. _____

17. _____

42. _____

18. _____

43. _____

19. _____

44. _____

20. _____

45. _____

21. _____

46. _____

22. _____

47. _____

23. _____

48. _____

24. _____

49. _____

25. _____

50. _____

The above represents an accurate complete listing of the traveling party.

Signature of Responsible Person

MEAL MONEY FORM

Event(s) _____ Inclusive Dates From _____ to _____ Activity _____
(if applicable) (if applicable)

I certify that I have received \$ _____ for the following: _____ Meal Money
 _____ Other (specify) _____
 _____ Other (specify) _____

SIGNED	TITLE/AFFILIATION	SIGNED	TITLE/AFFILIATION
1. _____		21. _____	
2. _____		22. _____	
3. _____		23. _____	
4. _____		24. _____	
5. _____		25. _____	
6. _____		26. _____	
7. _____		27. _____	
8. _____		28. _____	
9. _____		29. _____	
10. _____		30. _____	
11. _____		31. _____	
12. _____		32. _____	
13. _____		33. _____	
14. _____		34. _____	
15. _____		35. _____	
16. _____		36. _____	
17. _____		37. _____	
18. _____		38. _____	
19. _____		39. _____	
20. _____		40. _____	

Show computation as follows:

Computation of allowance per person:

1st Day \$ _____ X _____ = \$ _____

Full Days \$ _____ X _____ = \$ _____

Last Day \$ _____ X _____ = \$ _____

TOTAL \$ _____

Computation of total disbursement:

\$ _____ X _____ = \$ _____

 Signature of Responsible Person Date

TRAVEL EXPENSE CLAIM ARIZONA STATE UNIVERSITY

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<p>DAILY ACTIVITY: Make at least one entry for each day. Under "Place Visited", show city and state. Under "Activity", show event(s) attended. person(s) visited. etc.</p> <p>EXPENSE: Show Receipt No. and, if expense is paid directly by ASU, place check mark in the "PD" column.</p>																																																																																																																																																
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	AGENCY	ORG.	SUB. ORG.							
							<p>Traveler certifies that: the items of expense were incurred for authorized official state business; the expenses are correct and the charges proper; reimbursements claimed were out-of-pocket charges paid by the traveler. For expenses related to car rentals and state vehicles, I certify that I have attended Defensive Driver Training within the last 4 years, and submitted the Driver Authorization Form along with a copy of my current Arizona driver's license (or valid driver's license specific to work location) to OHR. For claiming mileage on a personal vehicle, I certify that I have current vehicle insurance and a valid driver's license.</p>			
							MAIL CODE	CONTACT		EXT.
							TRAVELER SIGNATURE			DATE
							ATO			DATE

TRAVEL EXPENSE CLAIM CONTINUED
ARIZONA STATE UNIVERSITY

NAME			ASU I.D. NO.				CLAIM NO.		TRAVEL AUTH. NO.		PAGE Of	
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