

## N C State University - Non-Employee Travel Authorization Form

		Q&As	Rules
Traveler's Name (Last/First/Middle)	Email address	Name/Number of Contact Person	
Travel To (Destination)	Travel Begin Date	Travel End Date	
Explain what the travel is for and the related service/benefit provided to the University / Project :			
Is the non-employee traveler a student?			Yes
Is this travel for In-State, Out-of-State or Out-of-Country?			Out of State

Travel Commitment (by Expense Type)	
Air Fare	
Mileage	
Vehicle Rental	
Parking	
Other Ground Transportation	
Conference / Registrations	
Lodging	
Meals	
Other Travel Expenses	
<b>Total Projected Expenses</b>	<b>0</b>

Specific Authorizations	
Business Class Airfare (for international trips only)	No
Use of Private Vehicle	Yes
Vehicle Rental	No
Excess Lodging Rates	Yes
Excess Meals (for international trips only)	No
Attendants for Handicapped Employees	No
Use of Chartered Aircraft (attach required support)	No
<b>Other Departmental Items (explain):</b>	

**Signature by the traveler indicates that he/she certifies that the information provided in this request is true and accurate and acknowledges that reimbursement is subject to university travel policy and for the documented service/benefit to the University.**

<b>Traveler Certification (Signature/Date):</b>

For Department Use Only
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Are state appropriated funds being committed for this travel authorization?	No
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If yes, provide reason for committing state funds by checking yes to one of the following:

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| A - To enhance the visibility of a state funded department or program to its peers and /or future or current customers.  |  |
| B - To exchange information and knowledge relevant to improving services by a state funded department or program   |  |
| C - To enhance skills relevant to improving volunteer services that are used to support a state funded department or program   |  |
| D - To provide for other activities that relate to programs supported by state funds. (Please provide more specifics as to the other activities in the following box:) |  |

<b>Department Comments:</b>
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<b>Department Head Approval (Name/ Signature /Date):</b>
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Accounting Information:	Trip #			
Project(s) to be charged:				
Percentage				
Amount	0.00	0.00	0.00	0.00