



LOUISIANA DEPARTMENT OF EDUCATION

TRAVEL AUTHORIZATION FORM

NO REGISTRATIONS OR RESERVATIONS SHOULD BE MADE UNTIL ALL APPROVALS ARE OBTAINED

Instructions: Complete all sections pertaining to your request. **Print or Type** all entries. Submit completed form with all necessary approvals to the LDOE Travel section. Retain a copy for your records.

SECTION A: General Information- Complete all info

Traveler's Name: _____ Travel Destination: _____

Title: _____ Begin Date & Time: _____ End Date & Time: _____

Division/Section: _____ Mode of Transportation: _____

Purpose/Justification for Travel (Benefits to LDOE): _____

Section B: Type of Travel (Select all that apply)	Section C: Estimated Expenses
<input type="checkbox"/> Conference/Seminar* <input type="checkbox"/> Routine Overnight Travel <input type="checkbox"/> In-State Travel <input type="checkbox"/> Out-of-State Travel <input type="checkbox"/> Weekend Travel <input type="checkbox"/> Use of Personal Vehicle <input type="checkbox"/> 50% Allowance above GSA Lodging Rate <input type="checkbox"/> Third Party Sponsor Travel <input type="checkbox"/> Other (Please attach explanation)	Registration Fees: _____ Airfare Costs: _____ Personal Car Mileage Costs (\$0.67/mile): _____ Lodging <input type="text"/> x <input type="text"/> Nights = _____ Meals <input type="text"/> x <input type="text"/> Nights = _____ Car Rental <input type="text"/> Yes <input type="text"/> No _____ Other Transportation Costs (Taxi/Shuttle): _____ Total Cost per Travel _____
<small>*REQUIRED DOCUMENTATION: If reason for trip is a Conference or Seminar the complete conference registration packet that lists hotel rates, conference registration amount, and conference agenda is required to be attached to request.</small>	

SECTION D: Agency Accounting

Cost Center	General Ledger	Fund #	Order #	Grant #	WBS Element	Functional Area

I hereby certify that this travel will be performed in accordance with regulations set forth by the Louisiana Division of Administration and the policies of the Louisiana Department of Education, and have informed myself of these policies and regulations.

SECTION E: Approval Signatures:

	*Routine Travel	**Out-of-State Travel/Out-of-State and In-State Conferences/Weekend	
*Traveler's Signature	Date	*Supervisor/Division Director	Date
**Assistant/Deputy Superintendent	Date	**Agency Chief of Staff	Date
* Budget Office	Date	Other	Date