



AUTHORIZATION TO TRAVEL

TO BE USED WHEN THERE WILL BE NO COST TO MACON STATE COLLEGE.

NAME: _____

BUDGET UNIT: _____

DATE: DEPARTURE: _____ **RETURN:** _____

ITINERARY: _____

PURPOSE OF TRIP: _____

Traveler's Signature

APPROVED:

DEPARTMENT HEAD: _____

DATE

PLEASE FORWARD TO OFFICE OF VICE PRESIDENT FOR FISCAL AFFAIRS.