

MACON STATE COLLEGE  
AUTHORIZATION TO TRAVEL

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

(Required by State Audit Dept.)

BUDGET UNIT: \_\_\_\_\_

DATE: DEPARTURE: \_\_\_\_\_ RETURN: \_\_\_\_\_

ITINERARY: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

\_\_\_\_\_

**Estimated Travel Expense:**

**(1) Mileage**

(Personal Vehicle)

\_\_\_\_\_

**Registration Fee:**

\_\_\_\_\_

**(2) Other Transportation**

\_\_\_\_\_

**(3) Meals/Lodging**

\_\_\_\_\_

**(4) Other (Explain)**

\_\_\_\_\_

**Total Travel Expense:**

(Do not incl Registration Fee)

\_\_\_\_\_

\_\_\_\_\_  
Traveler's Signature

APPROVED:

DEPARTMENT HEAD: \_\_\_\_\_

DATE

**(PLEASE FORWARD TO OFFICE OF VICE PRESIDENT FOR FISCAL AFFAIRS.)**

BUDGET MANAGER: \_\_\_\_\_

DATE

DATE	ENCUMBRANCE AMT	SPEED TYPE	ACCOUNT NUMBER

\_\_\_\_\_  
Accounting JE#