

**State of Louisiana TRAVEL
AUTHORIZATION FORM**

Version date 1/1/2020

Department/Division: DOA/OTS	Agency:	Date of Request:	Travel Begin Date:	Travel End Date:
Cost Center:	Agency/RCAT:		Official Station/Domicile:	

I hereby certify that the prescribed duties of the positions and the incumbents thereof, as specified below, necessitate travel expenditures of the nature and amount herein specified, for which authorization is hereby requested under the provisions of law and regulation.

TYPE OF AUTHORIZATION

Section Head/Agency Relationship Manager

AUTHORIZED BY OR FOR DEPARTMENT HEAD
(MUST BE COMPLETED ON ALL AIR TRAVEL AUTHORIZATIONS UNDER PPM 49)

Agency Secretary/Undersecretary

AUTHORIZATION OF AGENCY OPERATING SPECIAL PURPOSE AIRCRAFT
(TO BE USED WHEN SPECIAL PURPOSE AIRCRAFT USED FOR GENERAL TRAVEL, PPM 49)

OTS CIO/Deputy CIO/Authorized Signee

NAME OF EMPLOYEE	POSITION TITLE	HOME ADDRESS

PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (MUST BE COMPLETED)

TRAVEL ALLOWANCES	TRAVEL ADVANCE REQUESTED			AMOUNT \$	(COMPLETE PG.2)	NO
TOTAL FOR MONTH OR TRIP				\$		I certify that this voucher has been examined, that the proposed expenditure is authorized by appropriation and allotment and does not exceed the unencumbered balance of the allotment to which it is properly chargeable, that the prices or rates are fair and reasonable, and the total estimated cost has been entered as a charge against the allotment(s) and appropriation(s) indicated on this travel authorization.
TOTAL FOR QUARTERLY ENDING				\$		
TOTAL FOR FISCAL YEAR				\$		
Cost Center	RCAT	OBJECT			EXP.CODE	
						COMPTROLLER/FISCAL OFFICER
PUNCHED	VERIFIED			EXAMINED BY	DATE	

Reimbursement for all travel expenses will be made in accordance with Travel Regulations prescribed by the Governor, through the Division of Administration. See Policy and Procedure Memorandum No. 49, Travel Regulations, and Policy and Procedure Memorandum No. 67, Travel in State-owned Aircraft.

State of Louisiana
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PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (CONTINUED FROM PG.1)	

DETAIL ESTIMATION OF TRAVEL EXPENSES (Must be Completed)			
AIRFARE (COACH CLASS)	AIR:	Baggage:	
PERSONAL CAR		@	per mile
RENTAL CAR			
LIMOUSINE, TAXI, ETC.	Include Max tip (15% of total charge)		
SUBSISTENCE	LODGING	NIGHTS @ \$	
		/NIGHT	
	BK MEALS	DAYS @ \$	
		/DAY	
	LCH MEALS	DAYS @ \$	
		/DAY	
	DN MEALS	DAYS @ \$	
		/DAY	
TOLLS AND PARKING			
TIPS	Baggage & Valet Only		
OTHER EXPENSES	REGISTRATION FEES		
	MEMBERSHIP FEES		
	OTHER (i.e.:Phone Calls, etc. - Explain)		
TOTAL ESTIMATED REQUIRED EXPENDITURES			

SPECIAL APPROVALS REQUIRED	
WEEKEND TRAVEL	
VEHICLE RENTAL	
50% ALLOWANCE	
USE OF PERSONAL VEHICLE	
OTHER (Explain Below):	

SIGNATURE OF DEPARTMENT HEAD/Special Approvals

DATE