

Travel Authorization / Intent to Travel Request

PROCEDURE

Travel is a two-step process. The first step is to obtain authorization to travel prior to making travel arrangements. The second step is an Expense Claim after the travel has occurred.

This form is the first step, the Travel Authorization / Intent to Travel. Do NOT incur any travel expenses at this point. You must receive approval to travel before you may incur ANY expenses.

If you receive approval to travel, the next step is to incur travel expenses and use the Travel Expense Claim to track these expenses. The Travel Expense Claim will not be submitted until after the travel has occurred. As you incur travel expenses (airfare, registration, etc.), you must have the Division Chair/Department Head approve these expenses. If you need a travel advance for per diem and/or need a check for travel expenses, please complete the Travel Advance section.

Traveler/Supervisor:

By submitting this form, I agree that I have reviewed the travel procedures (<https://www.lcsc.edu/controllers-office/travel/>) and the Travel Policy 4.101 (<https://www.lcsc.edu/policies>).

Traveler:

- I understand that it is my responsibility to review allowable expenses and obtain approval prior to incurring a travel expense. Travel receipts are required for all expenses, except where noted. If travel changes are necessary after incurring approved travel expenses, I must have my direct supervisor approve any travel changes (dates of travel, mode, etc.). As the traveler, it is my responsibility to ensure that travel expense receipts match travel reimbursement claims. Employees who choose to use a private vehicle for official travel do so as a matter of their own convenience and at their own risk. In the event of an accident, the employee's personal insurance carrier may be primary for both liability and physical damage coverage. **Employees who elect to use private vehicles to perform LC State business are advised to notify their private insurance carriers.**

Supervisor:

- I understand that it is my responsibility to ensure that travel expenses are allowable and that the traveler adheres to travel policies. As the supervisor, it is my responsibility to ensure that travel expense receipts match travel reimbursement claims and that each travel expense is charged to the appropriate account and expense object.

INSTRUCTIONS



Download this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will not work correctly in your web-browser.** See [Instructions for Opening a Fillable Form in PDF](#).



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer. See [Show Border Hover Color](#).



Mandatory fields on this form are highlighted in '**RED**' and have a dark border that outlines the mandatory field.



Use the 'Save' icon to save this form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of the form.**



Use a **Digital Id Signature** when signing this form. See [Creating a Digital ID Signature](#).



Click the '**RED**' button with an X to stop the routing of this document, and identify why you stopped the routing of this document.



Click the '**GREEN**' button with a check mark to send this document to the next reviewer.

For Reference: See [Instructions for attaching a file to a PDF](#).

BUDGET INFORMATION

Lodging estimate:

Per Diem estimate:

Rental/fuel estimate:

Reimbursable mileage estimate:

Airfare estimate:

Pre-paid checks(s) required:

Registration estimate:

Enter 3rd party name, address and estimated amount. Only applicable for 3rd parties that do not accept P-Cards.

Other estimate:

Total estimated travel expense:

Cost Center(s):

Any Grant cost center listed:

Travel advance requested: Yes No

ROUTING & APPROVALS

Preparer of form: The preparer of this document is responsible for identifying all needed e-mail addresses. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

Preparer name:

Email:

Phone #:

| Signatory/Approver | LC State E-mail | Digital ID Signature | Action | |
|--------------------|-----------------|----------------------|------------|---------|
| | | | Disapprove | Approve |

Traveler:

Traveler: By signing this form, I confirm I have not incurred any travel expenses, and will not until the travel authorization is approved.

Immediate Supervisor:

If the Traveler's Immediate Supervisor is a Cabinet Member, enter their email address in the Cabinet Member field only (no need to enter in the Immediate Supervisor or Next Level approver fields).

Next level approver:
(If applicable)

Cabinet Member:

Is this travel essential? Select Yes or No - to be completed by Cabinet Member during COVID-19 pandemic.

Grants & Contracts:
(If a Grant cost center is used)

President:
(For international travel)

CONTROLLER'S OFFICE USE ONLY

Date Received:

Received By:

Unique ID:

Date Warrior ID Number Travel ID

Action

Accepted

Modifications Needed for Acceptance

Explanation:

Notes:

File Name:

Appendix A: Other Travelers

Note: Each traveler must complete their own Travel Authorization Form

Other Travelers

| Name | LC State Affiliation | Warrior ID |
|------|----------------------|------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

Appendix B: Cost Analysis

Cost analysis justification must be provided if the most direct and cost effective method, route or duration of travel is deviated from.

Examples: Provide analysis of cost of rental vehicle and fuel compared to private vehicle use and mileage reimbursement; provide justification regarding traveling with family member; additional days of travel; airline upgrade.