

Fort Valley State University
 Fort Valley, Georgia 31030-4313
 A Unit of the University System of Georgia

IMPORTANT This request is invalid unless **SIGNED BY THE AUTHORIZING OFFICIAL PRIOR** to the initial date of travel. Within 15 days of completion travel, submit approved request form, completed expense statement and required verification (if applicable) to the **COMPROLLER'S OFFICE** for payment.

Date: _____ Department Name: _____

Charge To: _____ - _____ - _____ - _____ - _____
 Fund Department Program Class Project/Grant

I request permission to travel on behalf of Fort Valley State University in the manner and for the purpose(s) described below in the section(s) completed below:

DATE	DESTINATION City and State	SITE College/Agency/Hotel, Etc	DEPARTURE TIME	TRAVEL MODE**

PURPOSE (explain fully):

I will be accompanied by other persons from Fort Valley State University. In number, there will be ___ faculty, ___ staff member(s), and/or student(s). The names of others traveling with me are as follows: _____

ESTIMATED COST Transportation \$ _____ Lodging \$ _____ Meals \$ _____ Other (Specify) \$ _____ TOTAL \$ _____	Name and Location To Which This Form Must Be Returned Name _____ Address _____ Building/Office No. _____ City/State/Zip Code _____ <hr/> <p style="text-align: center;">Signature/Date</p>	TRAVEL USE CODE (P) Personal (A) Commercial Airline (UV) University Vehicle <p style="text-align: center;">IMPORTANT This form is VOID 15 working days after the last date of travel shown hereon.</p>
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APPROVED (Signature of appropriate administrator must be affixed):

Department Manager 1 **Date**

Department Manager 2 **Date**

Project/Grants Manager **Date**