|  |
| --- |
| Agency Voucher Number |
|  |
|  |



|  |  |
| --- | --- |
| **Travel Authorization Form**  |  |

|  |
| --- |
| **EMPLOYEE AND TRIP INFORMATION** |
| *Authorization is requested for non-routine travel (defined in Administrative Procedure 20.03).* |
| Employee:  |       |  |  | Travel Dates:  |       |
| Estimated Travel Cost:  |       |  |  | Funding Account:  |       |
| Mode of Transportation:  |       |  |  |  |  |
| Destination and Purpose of Travel:  |  |  |       |
|       |
|  |
|  |
| [ ]  **WASHINGTON DC AREA TRAVEL** *(also check item(s) below if applicable*): [ ]  Travel to be paid with local appropriated funds (13 or 14 accounts)  [ ]  Travel involves obtaining or spending federal funds or impacting federal policies |
| [ ]  **FOREIGN TRAVEL** |
| *Approved for Export Controls compliance by* |  |  |  |  |
| *Associate Director for Finance and Administration.* |  |  | Signature | Date |
| **[ ]  ACTUAL EXPENSE REPORT** |
| *Authorization to be reimbursed for actual expenses is requested. Justification with Director’s approval is attached.* |
| [ ]  **TRAVEL ADVANCE REQUEST** |
| *Authorization is requested for a travel advance for the employee and travel identified above.* |
| FAMIS Vendor ID:  |       |  |  | Mailing Address for Advance:  |
| Date Needed:  |       |  |  |       |
| Advance Amount:  |       |  |  |       |
| Account:  | 019220-1320 |  |  |       |
|  |  |  | Budgets and Accounting Department approval: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  | Signature | Date |
|  |
| **CERTIFICATIONS AND APPROVALS** |
| **Employee and Supervisor Certification:** This travel is appropriate to the mission of TFS. Applicable State, A&M System and TFS guidelines for limitation or coordination of travel will be followed. Any travel advance received must be promptly reimbursed to TFS or documented by filing a travel voucher upon completion of the trip.  |
| Employee |  |  |  | Supervisor (Name) |       |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature | Date |  |  | Signature | Date |
| **Additional Approvals**  |
| *Some travel requires approval from the associate director or director. See Administrative Procedure 20.03.* |
| Associate Director |  |  |  | Director  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature | Date |  |  | Signature | Date |
| **Director's Office Certification**: Required reporting for Washington D.C. area travel has been completed.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date | **Accounts Payable**TC 149 |