



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

REQUEST FOR AUTHORIZATION TO TRAVEL FOR NON WORKER

AS516

This form must be completed and approved prior to making any travel reservations for all Non Workers.

Traveler		Title		Employer	
LSUID		Department			
Contact		Phone		E-mail	
Departure Date		Return Date			
Type	<input type="checkbox"/> Guest <input type="checkbox"/> Participant		<input type="checkbox"/> Interviewee <input type="checkbox"/> LSU Undergraduate Student		<input type="checkbox"/> Contract Vendor <input type="checkbox"/> LSU Graduate Student
Driving Worktags	Program	Project	Gift	Grant	
Purpose of Travel:					
Destination (City, State and/or Country is required)					
From:			To:		
<ul style="list-style-type: none"> Does travel include personal travel days? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, please disclose the personal dates and travel destination(s). Travel costs may be limited to the lesser of a lowest logical airfare or a prorated amount. (See PM-13) 					

Section A – Foreign Travel <i>(Applies to all travel outside the 50 United States, District of Columbia, Puerto Rico, US Virgin Islands, American Samoa, & Guam)</i>	
<ul style="list-style-type: none"> Is there a US Department of State Travel Advisory Level 3 or 4 for the destination? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, complete additional required forms per the High Risk Travel procedures in place for your campus. If yes, the High Risk Travel forms must be approved and attached to the Spend Authorization prior to submission. Is this Faculty-led travel which includes students? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, is this part of an LSU course? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, please provide the course #. 	

Section B – Estimated Expenses <i>(Refer to PM-13 for rates)</i>					
Expense		Qty	Amount		
Study/Workshop Stipend					
Airfare					
Registration Fees					
Mileage		Miles			
Meals & Incidentals (M&IE)		Days			
Expense		Qty	Amount		
Lodging		Days			
Vehicle Rental		Days			
Parking		Days			
Other					
Total Travel Estimate					

Section C – Other Special Approvals Requested	
<input type="checkbox"/> Travel > 30 Days	Extension of Temporary Assignment greater than 30 days (attach itinerary/travel plans).

Approvals	Signature	Printed Name	Date
Requested by			
Supervisor/Dept Head/Chair/Dean/Director			
Vice President			
Provost ¹			
Assoc VP, Acct Services ²			

¹Required for "High Risk Travel" to a Restricted Region

²Required for "Travel > 30 Days"; applies to meals and/or lodging reimbursements