



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 student group trips. If a reimbursement is due to a student, the Spend Authorization ECM process must be used.

Traveler	Attach Group List	Title		Employer	
Workday ID		Department			
Contact		Phone		E-mail	
Departure Date		Return Date			
Type	<input type="checkbox"/> Guest <input type="checkbox"/> Interviewee <input type="checkbox"/> LSU Graduate Student <input type="checkbox"/> Participant <input type="checkbox"/> LSU Undergraduate Student				
Driving Worktags	Program		Project		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 (Applies to all travel outside the 50 United States, District of Columbia, Puerto Rico, US Virgin Islands, American Samoa, & Guam)

<ul style="list-style-type: none"> Is there a US Department of State Travel Advisory Level 3 or 4 for the destination and/or is this travel to a foreign adversary country as defined in 15 CFR §7.4, Determination of Foreign Adversaries? <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 Expense Report. 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 #. 	
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Section B – Estimated Expenses (Refer to PM-13 for rates)

Expense	Qty	Amount	Expense	Qty	Amount
Study/Workshop Stipend			Lodging	Days	
Airfare			Vehicle Rental	Days	
Registration Fees			Parking	Days	
Mileage	Miles		Other		
Meals & Incidentals (M&IE)	Days		Total Travel Estimate		

Section C – Other Special Approvals Requested

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