

Go to the Financial Services webpage, click FORMS, scroll to bottom of the page to TRAVEL and click the Request for Authority to Travel link

TRAVEL

- [Car Cost Comparison Tool](#)
- [Prepaid Registration](#) (PDF)
- [Request for Authority to Travel](#) (Web form)
- [Standing Request for Authority to Travel](#) (PDF)
- [State of Georgia Certificate of Exemption of Local Hotel/Motel Excise Tax](#)
- [Traveler and Approver Checklist](#)
- [Travel Expense Worksheet - Non-Employee](#)

Click on **Submit New Travel Request** at the top of the page



Enter all required information to complete applicant contact information and travel details.
Click NEXT

Primary Form□ ×

 **Valdosta State University Request for Authority to Travel**

User Details

Associated Costs

Reimbursable Costs

Approvers

Disclaimers

**** THIS REQUEST FOR AUTHORITY TO TRAVEL MUST BE COMPLETED AND ALL APPROVALS OBTAINED BEFORE YOU ACTUALLY TRAVEL. ****

Select*		Applicant*	
ID#(Last 4 On... *		Employing Dept/Unit*	
Dept Contact*		Ext*	

Travel Data

Purpose*			
Destination*			
Designee for day-to-day operations in your absence*			
Dates of Travel(From)*	<M/d/yyyy>	(To)*	<M/d/yyyy>
Work Phone#*		Travel Phone#*	
		Email*	

CLOSE

NEXT

Answer YES or NO if there is any cost associated with the travel

Primary Form

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ARE THERE ANY ASSOCIATED TRAVEL COSTS?

▼

Yes

No

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Once YES or NO has been answered, enter all estimated cost for your travel. Click Next

Primary Form

ESTIMATED COSTS

(Do not include prepaid expenses in estimated costs. If any item is prepaid, submit on Prepaid Form.)

1. Transportation Cost	Air	Personal Car	Other	Total
	0.00	0.00	0.00	0.00
2. Automobile Rental:				0.00
3. Registration Fees:				0.00
4. Hotel and Meals:	Hotel	Meals		0.00
	0.00	0.00		
5. Other: (Taxi, Parking, Phone)				0.00
Total Estimated Cost				0.00

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NEXT

Click **ADD DATA** to enter the budget(s) that will be responsible for the reimbursement of expenses.

Primary Form

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Associated Costs

200.00

REIMBURSABLE COSTS

The following account numbers are to be used for reimbursement, if expenses are shared by different budget units, list each number and the amount each will pay:

*(*At least one is required.)*

ADD DATA

REMOVE DATA

Total Reimbursable Cost \$

0.00

(Should Equal Total Estimated Cost Unless Reimbursement Is Limited)

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NEXT

Enter the **FUND, DEPARTMENT ID, GRANT Project ID** (if applicable), and **total estimated cost**. Use the drop-down arrow for REIMBURSABLE COST TYPE and click on the statement

that applies. Click NEXT

Primary Form

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Approvers

Disclaimers

Associated Costs

200.00

REIMBURSABLE COSTS

The following account numbers are to be used for reimbursement, if expenses are shared by different budget units, list each number and the amount each will pay:
(*At least one is required.)

Fund*

Department*

Grant(Optional)

Cost*

Reimbursable Cost Type*

00000

00000000

200.00

ADD DATA

REMOVE DATA

Limit reimbursement charged to this account
Pay actual expenses if trip cost exceeds this ...
Expenses are Zero/Paid by Sponsor

Total Reimbursable Cost \$

200.00

(Should Equal Total Estimated Cost Unless Reimbursement Is Limited)

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NEXT

To enter the email address of all Travel Authorizations approvers, click **ADD APPROVER**.

Primary Form



Valdosta State University Request for Authority to Travel

User Details

Associated Costs

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Approvers

Disclaimers

ADD APPROVER

REMOVE APPROVER

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NEXT

Begin entering the email address of all approvers. **Please note: if travel is Grant funded, all travel requests must have approval from OSPRA.**

Click **ADD APPROVER** as needed until all budget managers have been entered.

Click NEXT

Primary Form



Valdosta State University Request for Authority to Travel

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Approvers

Disclaimers

1

Email of Approver*

ADD APPROVER

REMOVE APPROVER

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NEXT

Finally, answer all the disclaimer questions before submission. Once completed, click **SUBMIT**. **All questions must be answered with YES or the form will not let you proceed**

Primary Form



Valdosta State University Request for Authority to Travel

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Disclaimers

*I attest that the above travel plans will comply with USG Travel Regulations:

Yes

*Have you viewed the motor vehicle use video and completed the drivers acknowledgement form:

Yes

*I am aware that failure to submit flight details will result in non-reimbursement for airfare:

Yes

*I have reviewed the travel procedures page:

Yes

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SUBMIT

Once submitted, the form will now to be routed all designated approvers.