

Flagstaff Bordertown Dormitory
901 N. Kinlani Road
Flagstaff, Arizona 86001
TRAVEL AUTHORIZATION

Funding

Source: _____

Name of Traveler: _____

Department: _____

Today's Date: _____

Name of training event: _____

Justification: (Please include travel destination: City, State & Zip Code)

Destination	Itinerary	Please select one
Dates	Departure: _____ Return: _____	GSA: _____ POV: _____ Other: _____
Request: I request authorization to travel as indicated on this form and to incur necessary expenses in accordance with applicable FBD travel procedures, Policy section 4.19. I acknowledge that none of these costs will be paid by another entity or reimbursement to me by another entity. I agree to return all required receipts within ten (10) working days after return date and submit a travel report to my immediate supervisor.		
Signature of traveler: _____		Date: _____

Private Vehicle: _____ miles @ _____ cents per mile \$ _____

Air Fare (describe): _____ \$ _____

Per Diem: Use GSA per diem schedule @ <http://www.gsa.gov/portal/category/21287>

1st & last day \$ _____ x _____ day(s) = \$ _____ + \$ _____ x _____ day(s) = \$ _____

Lodging: _____ night(s) @ \$ _____ per night \$ _____

Taxi & Local transportation (describe): _____ \$ _____

Other (describe): _____ \$ _____

Registration fees? Yes or No / Mail or On-Site Enter Amount = \$ _____

Total \$ _____

ACCOUNTING Expense Reconciliation: (For Office Use Only)

Reviewed and Approved By: _____ **Date:** _____

Reviewed and Approved By: _____ **Date:** _____

Previous balance due to FBD: _____
Advance this report: _____
Total expense this report: _____
Amount due to employee: _____
Amount due to FBD: _____