

# Appalachian State University – Request for Blanket Travel Authorization

This form should be complete for University employees whose primary job duties require travel in the course of carrying out their official duties on a regular or continuous basis.

Request Date	Traveler's Name	Banner ID	Department
Period of Travel (Cannot Exceed One Fiscal Year Jul 1 to Jun 30)		Explain Request	
<b>Description/Purpose of Travel: Check All That Apply</b>			
Business Purpose of Travel		Reimbursement Frequency	
(1) UNC System of State Sponsored Meetings		Within 30 days from return, or June 30	
(2) Donor Cultivation Activities		Within 30 days from return, or June 30	
(3) Student Recruiting Activities/ Team Travel		Within 30 days from the end of the travel period, or June 30	
(4) Internship Supervision and Monitoring		Within 30 days of the end of the semester, or June 30	
(5) Extension Instruction		Within 30 days of the end of the semester, or June 30	
(6) Response to Emergency Situations		Within 30 days from return, or June 30	
(7) Immediate and time sensitive duties that do not allow for authorizations through normal procedures		Within 30 days from return, or June 30	
(8) Research Related		Within 30 days from return, or June 30	
<b>Geographic Areas Covered</b>			
In-State Travel			
In-State and Out of State Travel			
<b>Authorizations Requested: Check All That Apply</b>			
(1) Mileage: Use of Private Vehicle			
(2) Use of a State Owned Vehicle			
(3) Per Diem Meals for Daily Travel as Allowed: Employee must note departure time and arrival times on reimbursement request			
(4) Domestic Overnight Travel, Lodging, Meals, and Commercial Airfare			
(5) Use of a Rental Vehicle			
(6) Excess Overnight Lodging: <u>In Country</u> (Employees should maintain documentation to justify the rate for the area and attach documentation to the reimbursement request)			

**Traveler s Authorization (Read Carefully)**  
 I have reviewed this blanket travel authorization and verify that it will be used for official University business, that the information contained is true and accurate and I hereby agree to the terms and conditions of this authorization.

Traveler (Required) \_\_\_\_\_  
 Signature Date

Supervisor (Required) \_\_\_\_\_  
 Signature Date

Vice Chancellor (Required) \_\_\_\_\_  
 Signature Date

## Controller's Office Use Only

Reviewed By:		
	Print Name	
	Signature	Date