

## Travel Authorization / Intent to Travel Request

---

### PROCEDURE

---

Travel is a two-step process. The first step is to obtain authorization to travel prior to making travel arrangements. The second step is an Expense Claim after the travel has occurred.

This form is the first step, the Travel Authorization / Intent to Travel. Do NOT incur any travel expenses at this point. You must receive approval to travel before you may incur ANY expenses.

If you receive approval to travel, the next step is to incur travel expenses and use the Travel Expense Claim to track these expenses. The Travel Expense Claim will not be submitted until after the travel has occurred. As you incur travel expenses (airfare, registration, etc.), you must have the Division Chair/Department Head approve these expenses. If you need a travel advance for per diem and/or need a check for travel expenses, please complete the Travel Advance section.

#### **Traveler/Supervisor:**

By submitting this form, I agree that I have reviewed the Travel Procedures (<https://www.lsc.edu/media/7329/travel-procedure-manual-4.pdf>) and the Travel Policy 4.101 (<https://www.lsc.edu/policies>).

#### **Traveler:**

- I understand that it is my responsibility to review allowable expenses and obtain approval prior to incurring a travel expense. Travel receipts are required for all expenses, except where noted. If travel changes are necessary after incurring approved travel expenses, I must have my direct supervisor approve any travel changes (dates of travel, mode, etc.). As the traveler, it is my responsibility to ensure that travel expense receipts match travel reimbursement claims. Employees who choose to use a private vehicle for official travel do so as a matter of their own convenience and at their own risk. In the event of an accident, the employee's personal insurance carrier may be primary for both liability and physical damage coverage. **Employees who elect to use private vehicles to perform LC State business are advised to notify their private insurance carriers.**

#### **Supervisor:**

- I understand that it is my responsibility to ensure that travel expenses are allowable and that the traveler adheres to travel policies. As the supervisor, it is my responsibility to ensure that travel expense receipts match travel reimbursement claims and that each travel expense is charged to the appropriate account and expense object.

---

## INSTRUCTIONS

---



**Download** this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will not work correctly in your web-browser.** See [Instructions for Opening a Fillable Form in PDF](#).



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer. See [Show Border Hover Color](#).



Mandatory fields on this form are highlighted in '**RED**' and have a dark border that outlines the mandatory field.



Use the 'Save' icon to save this form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of the form.**



Use a **Digital Id Signature** when signing this form. See [Creating a Digital ID Signature](#).



Click the '**RED**' button with an X to stop the routing of this document, and identify why you stopped the routing of this document.



Click the '**GREEN**' button with a check mark to send this document to the next reviewer.

For Reference: See [Instructions for attaching a file to a PDF](#).

---

## TRAVEL AUTHORIZATION REQUEST DETAILS

---

### TRAVELER INFORMATION

Name:

Department/Division:

Warrior ID Number:

LC State e-mail address:

Will the trip include more than one traveler?

### ITINERARY

Travel type:

Departure/Start date:

Return/End date:

Travel destination(s):

Primary purpose of travel:

Travel justification:

Primary mode of transportation:

If traveling in a College owned, rented or leased vehicle, Vehicle Use Agreement must be completed. Check to confirm completion:

Traveler:

Supervisor:

Private Vehicle used:

No

Yes

Driver name:

Cost analysis justification must be provided in Appendix B if the most direct and cost effective method, route or duration of travel is deviated from. (For example, private vehicle use, additional days of travel, airline upgrade, extra baggage, etc.)

Complete the following fields to determine the total reimbursement mileage estimate.

---

**Miles to be traveled**

**Multiplied by rate**

**Total**

---

**General Notes:**

**BUDGET INFORMATION**

Lodging estimate:

Per Diem estimate:

Rental/fuel estimate:

Reimbursable mileage estimate:

Airfare estimate:

Pre-paid checks(s) required:

Registration estimate:

Enter 3rd party name, address and estimated amount. Only applicable for 3rd parties that do not accept P-Cards.

Other estimate:

Total estimated travel expense:

Cost Center(s):

Any Grant cost center listed:

Travel advance requested:

**ROUTING & APPROVALS**

**Preparer of form:** The preparer of this document is responsible for identifying all needed e-mail addresses. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

**Preparer name:**

**Email:**

**Phone #:**

| Signatory/Approver | LC State E-mail | Digital ID Signature | Action     |         |
|--------------------|-----------------|----------------------|------------|---------|
|                    |                 |                      | Disapprove | Approve |

**Traveler:**

*Traveler: By signing this form, I confirm I have not incurred any travel expenses, and will not until the travel authorization is approved.*

**Immediate Supervisor:**

**Next level approver:**  
(If applicable)

Additional signatures are required if the traveler is traveling to state not contiguous to Idaho or if the estimated costs are over \$4,999. See page 4 of the Travel Procedures Manual on the Controller's Office Employee Travel website.

**Grants & Contracts:**  
(If a Grant cost center is used)

**Vice President:**

**President:**

(For international travel/if estimated travel expenses exceed \$9,999)

**CONTROLLER'S OFFICE USE ONLY**

Date Received:

Received By:

Unique ID:

Date

Warrior ID

Number

Travel ID

**Action**

Accepted

Modifications Needed for Acceptance

Explanation:

Notes:

File Name:

---

## Appendix A: Other Travelers

---

Note: Each traveler must complete their own Travel Authorization Form

### Other Travelers

---

| Name | LC State Affiliation | Warrior ID |
|------|----------------------|------------|
| 1    |                      |            |
| 2    |                      |            |
| 3    |                      |            |
| 4    |                      |            |
| 5    |                      |            |
| 6    |                      |            |
| 7    |                      |            |
| 8    |                      |            |
| 9    |                      |            |
| 10   |                      |            |

---

## Appendix B: Cost Analysis

---

Cost analysis justification must be provided if the most direct and cost effective method, route or duration of travel is deviated from.

*Examples: Provide analysis of cost of rental vehicle and fuel compared to private vehicle use and mileage reimbursement; provide justification regarding traveling with family member; additional days of travel; airline upgrade.*