



Team Travel Authorization

Document # _____

Are you using sponsored awards or gifts on this form?

- Yes - Route MSC SPA
 No - Route MSC AFR

ROUTING

INSTRUCTIONS: USE THIS FORM FOR AUTHORIZING THE REIMBURSEMENT OF ACTUAL TRAVEL EXPENSES.
 (1) Advance is available to regular faculty, regular staff, and graduate assistants. (2) Retain one copy for departmental files. (3) Obtain Department Head and Dean or Director's signature on original. (4) Signatures are required on original only. (5) Scan form to AFR at afr_approval@nmsu.edu or SPA at spa@nmsu.edu. (6) A copy will be returned to you after it has been processed by the Travel Office. (7) If you need assistance in processing this form, see sections 5C.20 of the Business Office Procedures Manual or call the Travel Office at 646-1189.

SECTION 1: REQUESTOR INFORMATION

Aggie ID: _____ Sponsor: _____ Title: _____

Date (mm/dd/yyyy): _____ Prepared By: _____ Phone: _____

Department: _____ Campus Box: _____ E-mail Address: _____

SECTION 2: REQUEST DETAILS

Starting Point: _____ Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

Index (FOPAL)	Fund	Account	Amount \$

Department Default Index: _____
 (This index will be charged if paperwork to clear the index is not processed. This does not relieve the sponsor of the responsibility to clear the advance.)

Names of Travelers: _____

Estimated Cost of Trip - RECEIPTS REQUIRED FOR REIMBURSEMENT.		FOR INTERNAL USE ONLY:
Estimated Lodging:	\$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Estimated Cost of Meals:	\$ _____	
Estimated Baggage fees:	\$ _____	
Other Expenses:	\$ _____	
	\$ _____	
	\$ _____	
Total Estimated Cost of Trip:		\$ _____

Purpose of Trip: _____

SECTION 3: REQUESTOR APPROVAL

Printed Name: _____ Signature: _____ Date: _____

- Principal Investigator Dean/VP/CC President Designee

SECTION 4: OFFICIAL APPROVAL

Fiscal Monitor Printed Name: _____ Signature: _____ Date: _____

SECTION 5: INTERNAL DEPARTMENT USE ONLY

Processed by: _____ Date: _____

Reset