



# Team/Group Travel Authorization

ROUTING

Are you using sponsored awards or gifts on this form?

- Yes - Route [spa@nmsu.edu](mailto:spa@nmsu.edu)  
 No - Route [afr\\_approval@nmsu.edu](mailto:afr_approval@nmsu.edu)

OR

For Aggie Service Center Units

[Enter a ticket in Aggie Service Desk](#)

**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](mailto:afr_approval@nmsu.edu) or SPA at [spa@nmsu.edu](mailto: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:	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>Total Estimated Cost of Trip:</b>		\$ _____

Purpose of Trip: \_\_\_\_\_

## SECTION 2: OFFICIAL APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator     Dean / VP / CC President     Designee    **OR**     For Aggie Service Center Units     Dept Head     Principal Investigator

## SECTION 3: REVIEW AND APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: INTERNAL DEPARTMENT USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_