



College of Education and Human Development

## Pre-Travel Authorization Form

This form must be completed if: you intend to travel by plane, train, bus, or rental car AND/OR for travel where you will be absent for more than one day AND/OR when you will be claiming a per diem expense. Submit the completed form to your Supervisor at least one month prior to your anticipated travel date. Important Note: Do not book travel until you receive a signed copy of this form returned to you from by the designated budget authority. A traveler may not authorize his/her own expenses. Travel expenses not approved using the Pre-Authorization Form will not be reimbursed.

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Traveler's Name \_\_\_\_\_ Traveler's TUID \_\_\_\_\_ Today's Date \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Temple Email \_\_\_\_\_

### About Your Travel

Destination \_\_\_\_\_ Travel Start Date \_\_\_\_\_ Travel End Date \_\_\_\_\_

Purpose of Travel

Type of Event:                      National                      State                      Regional                      Local                      Other (specify below)

Individual Function. If attending a conference, please specify your role -- e.g. keynote speaker, paper presenter, discussant, etc. -- and attach a copy of the agenda/announcement confirming your participation.

### Guidelines for Estimating Expenses

Before estimating expenses, please review and ensure your planned expenses comply with **Temple's Travel & Personal Expense Reimbursement Policy** available online at: [www.temple.edu/controller/travel](http://www.temple.edu/controller/travel)

### Calculating Reimbursement Rates for Lodging and Meals

View the current GSA **Max Lodging and Per Diem Rates** at: [www.gsa.gov/portal/category/21287](http://www.gsa.gov/portal/category/21287).

Your selected hotel rate *may not exceed* the maximum lodging rate as defined by the U.S. General Services Administration (GSA). Authorized expenditures will only be reimbursed up to the published maximum lodging rates, unless the traveler provides documentation of safety concerns, lack of necessary services, or no other nearby options, AND except when staying at the designated conference hotel or where conference rates have been pre-arranged by the conference sponsors. Actual meal costs are allowable only for the dates of travel and are also subject to a maximum of the current federal travel allowance. If you are requesting an exception to these published maximum reimbursement rates, please include a detailed explanation in the comment section.

ADDITIONAL NOTE for grant-funded travelers: the grantor may impose stricter guidelines for travel reimbursement, which must be followed. Please review your grant requirements before completing this form.

*Expenses that exceed the above specified guidelines are the responsibility of the traveler.*

## Estimated Expenses

### Registration/Conference Fees

*How will you be traveling? (check all that apply)*  
 [All travel reservations must be booked through CONCUR]

Plane                      Car (Rental)                      Estimated Travel Expenses

Train                      Car (Personal Vehicle)                      Tolls, Taxi fares, Parking Fee(s)

Number of Hotel Nights                      Rate Per Night                      Estimated Lodging Expenses

Number of Travel Days                      Rate Per Day                      Estimated Per Diem Expenses

**Total Estimated Expenses** (add all from above)

### Comments/Explanations:

If you are an instructor with scheduled class meetings during your travel dates, please check this box and explain in comments how course meetings will be covered.

\_\_\_\_\_  
 Traveler's Signature and Date

**Supervisor:** Your approval confirms that this traveler is authorized for absences during requested travel dates and, for instructors, any missed class meetings will be appropriately covered.

**Budget Authority:** Your approval confirms that requested expenses comply with Temple's Travel and Personal Reimbursement Expense Policy and any additional grantor policies, where applicable, and that sufficient funds are available.

### Supervisor Approval

Denied                      Approved

Comments/Explanation:

Supervisor Signature and Date

### Budget Authorization

Denied                      Approved

Comments/Explanation

Authorized Budget Approver and Date  
 [Traveler cannot authorize his/her own travel]

**Total Approved:** \_\_\_\_\_

FOAPAL #1 to be charged:

FOAPAL #2 to be charged: