



**BENNETT COLLEGE  
GREENSBORO, NORTH CAROLINA 27401  
INSTITUTIONAL  
REQUEST FOR AUTHORIZATION OF TRAVEL**

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Travel \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Departure (Date and Time) \_\_\_\_\_ Return (Date and Time): \_\_\_\_\_

Additional Travelers? No \_\_\_\_\_ Yes \_\_\_\_\_ If more than one, attach a list of names

**MODE OF TRANSPORTATION** (Check) Air \_\_\_\_\_ Rental Car \_\_\_\_\_ Private C Other \_\_\_\_\_

**ESTIMATED COST** (Please attach cost justification, registration forms, hotel confirmations, airfare confirmations, etc.)

	Amount	Budget Control Number
Transportation (Airfare/Rental Car) _____	\$ -	
Hotel/Lodging ( Name of the hotel): _____	\$ -	
* Meals ( not for 1 day trip)		
Registration	\$ -	
Gas Card	\$ -	
Other Expenses (parking, taxi)		
** Mileages (only for private cars) no. miles _____ at \$ _____	\$ -	
<b>TOTAL</b>	\$ -	

Amount of Disbursement Request(for personal credit card charges) \_\_\_\_\_ Date needed: \_\_\_\_\_

Amount of Travel Advance Requested: \_\_\_\_\_ Payee: \_\_\_\_\_

**Current Funds Available** \_\_\_\_\_

**SIGNATURES:**

Requester _____	Date _____	
Department/Unit Head/Activity/Program Director _____	Date _____	
Dean _____	Date _____	Grants & Contracts Accountant / Date _____
Associate Vice President _____	Date _____	President (If Applicable)/ Date _____
Vice President/Provost _____	Date _____	Associate Vice President/Controller/ Date _____
Sponsored Programs _____	Date _____	Vice President, Business and Finance/ Date _____

\*90% of the federal rate <http://www.gsa.gov/Portal/gsa/ep>, enter federal rate \_\_\_\_\_ x 90% this is your rate per diem  
go to and apply 90% <http://www.gsa.gov/mie> for meals and incidental expense breakdown (breakfast, lunch, dinner) \$ -

\*\* 90% of the federal rate <http://www.gsa.gov/Portal/gsa/ep>, enter federal rate ### x 90% this is your rate \$ 43.65  
mileage rate

**Supporting documentation must be attached to the Request for Authorization of Travel**