



# Request for Official Travel

SUBMIT IN QUADRUPLET

TA 120650

If University support is not requested, complete Sections I and III only.

DATE SUBMITTED 08-19-04

## I. REQUEST FOR TRAVEL

Travel is requested from 10:00 am / 10-09-04 to 10:00 am / 10-13-04  
TIME DATE TIME DATE

Destination Somewhere, Texas

Purpose of Trip To present a paper entitled "Quandaries of Uncertainty" at the Fifth Annual Conference on Historical Ambiguity.

## II. REQUEST FOR FUNDING

ESTIMATED MAXIMUM EXPENSES

- Plane (Utilization of state contracted agency required)
- Personal car (32¢ per mile x \_\_\_\_\_ miles)  
I hereby certify that I have completed the University required Drivers Safety Course on \_\_\_\_\_.

I also certify that I have and will maintain at least the State of LA required minimum liability coverage of 10/20/10 with

\_\_\_\_\_  
COMPANY POLICY NO. EXP. DATE

- State Vehicle (12¢ per mile x \_\_\_\_\_ miles)  
Attach justification if trip is more than 250 miles one way.  
I hereby certify that I have completed the University required Drivers Safety Course on \_\_\_\_\_.

- Rental Vehicle  
Justification must be attached.

\*As allowed by State Travel Regulations

Transportation	\$ <u>332.00</u>
Lodging	\$ <u>205.19</u>
Meals	\$ <u>23.54</u>
Registration	\$ <u>55.00</u>
Other	\$ _____
<b>TOTAL</b>	\$ <u>615.73</u>
Funding Requested	\$ <u>400.00</u>
Advance Requested*	\$ _____

**These amounts are estimates.**  
**Funding requested should be the same amount as on your GSO application**

## III. REQUIRED SIGNATURES FOR APPROVAL

I certify that the above travel will be on official business of the University of Louisiana at Lafayette, unless otherwise indicated in Section I, and that I will conform to all existing State Travel and University Travel regulations and requirements.

Signature of Traveler Student x. Example Department English  
 Typed/Printed Name of Traveler Student x. Example Phone Extension (337) 482 - 1119  
 Driver's License No. 15679980-15 S. S. # 111-22-3333 Title Graduate Student

**IMPORTANT: Travel expense account must be submitted no later than the 15th of the month following completion of travel.**

### APPROVAL

	PHONE EXTENSION	DEPARTMENT CHARGED	FUNDS LIMITED TO:
Department Chairperson <u>Department X. Head</u>	<u>2-2345</u>	<u>GSO</u>	\$ <u>400.00</u>
Project Director _____	_____	_____	\$ _____
Dean of College <u>Dean X. College</u>	<u>2-5679</u>	<u>GSO</u>	\$ <u>400.00</u>
Administrative Head <u>The dean of your college must sign your application if you are traveling out of state.</u>	_____	_____	\$ _____
Vice President (if required) _____	_____	_____	\$ _____
Comptroller _____	_____	_____	\$ _____
Vice President for Business and Finance _____	_____	_____	\$ _____

### FOR BUSINESS AFFAIRS USE ONLY

Travel Advance Voucher Number \_\_\_\_\_  
 Date Travel Advance Received \_\_\_\_\_  
 Amount Received \_\_\_\_\_

ACCOUNT	C & O	AMOUNT

BUSINESS AFFAIRS