



REQUEST FOR AUTHORIZATION TO TRAVEL

AS292

This form must be completed and approved prior to making any travel reservations.

Traveler	Type	<input type="checkbox"/> Employee	<input type="checkbox"/> Student
Department	LSU ID		
Title	Contact		
Destination	Phone		
Departure Date	E-mail		
Return Date	Account		
Purpose of Travel			

Section A - Foreign Travel (Applies to all travel outside the 50 US States, District of Columbia, Puerto Rico, US Virgin Island, American Samoa, & Guam)

- Are US Dept of State rates being requested? Yes No
- Is there a US Dept of State Travel Warning or Alert for this destination? Yes No
 - Please refer to the "LSU Restricted Regions List" on the AP & Travel website.
 - If yes, complete additional required forms per FASOP: AS-18 "High Risk Travel to Restricted Regions".
- Is this Faculty-led travel which includes students? Yes No
 - If yes, please answer the following:
 - Is this part of an LSU course? If yes, Course # _____ Yes No
 - Has insurance coverage been arranged for all travelers? Yes No
 (Coverage must include medical, evacuation and repatriation of remains)

Section B - Estimated Expenses (Refer to PM-13 for rates)

Expense	Qty	Amount	Expense	Qty	Amount
Airfare	-		Meals (Conference)	Meals	
Registration Fees	-		Lodging (Routine)	Days	
Mileage	Miles		Lodging (Conference)	Days	
Meals (Per Diem)	Days		Vehicle Rental	Days	
Misc & Incidental	-		Total Travel Estimate		

Section C - Additional Reimbursement Details & Required Special Approvals/Justification

Expense	Description	Approval of	Initials
Meals (Conference)	Meals designated as integral part of conference (attach a copy of the conference brochure).	Direct Supervisor/ Department Head	
Lodging (Conference)	Actual for Conference Lodging (conference brochure stating hotel and nightly rate must be attached).	Department Head	
Lodging (Routine) *	Up to 50% in excess of maximum otherwise allowed.	Department Head	
Vehicle Rental **	<input type="checkbox"/> Compact <input type="checkbox"/> Mini-van <input type="checkbox"/> Full-size <input type="checkbox"/> Van <input type="checkbox"/> Mid-size/Intermediate <input type="checkbox"/> Other _____	Department Head	

* Justification Required _____

** Justification Required _____

Unauthorized individuals should not be transported in University-owned or rental vehicles. Refer to PM-13 for exceptions to this policy.

Section D - Other Special Approvals Requested

Travel > 30 Days Extension of Temporary Assignment greater than 30 days (attach itinerary/travel plans).

APPROVALS	Signature	Printed Name	Date
Traveler			
Director/Dept Head/Chair			
Dean ¹			
Vice Chancellor			
Provost ²			
Assoc VC, Acct Services ³			
Chancellor			

Notes: The approved AS292 must be attached to the AS300 "Travel Expense Reimbursement Request" form.

¹ Required for "High Risk Travel" to a Restricted Region

² Required for "Foreign Travel"

³ Required for "Travel > 30 Days"; applies to meals and/or lodging reimbursements