



TRAVEL AUTHORIZATION FORM

Required for all travel beyond the Local Vicinity Area that will incur a cost or reimbursement.

*Form must be submitted to the Procurement Office **prior** to travel.*

College of Eastern Idaho · Procurement Office · 1600 S 25th E · Idaho Falls, ID 83404 · 208.535.5339

Date of Request

Please type or print clearly and complete all field

Traveler		Department	
Destination		G/L Account	
Purpose/Type of Training			
Departure		Return	
Date: _____ Time: _____	Date: _____ Time: _____	<input type="checkbox"/> College Car <input type="checkbox"/> Airline <input type="checkbox"/> Personal Car <input type="checkbox"/> Other: _____	

Estimated Total Cost of Travel
Registration: \$ _____ Transportation
Mileage: _____ Miles Vehicle Reimbursement (If Applicable) : \$ _____ Car Rental: \$ _____ Airfare: \$ _____ Taxi/Shuttle: \$ _____
Meals
Total Meals: \$ _____
Lodging
Hotel: \$ _____ Hotel Name: _____
TOTAL: \$ _____

Meal Allowance Breakdown				
	Breakfast	Lunch	Dinner	Full Day
Standard Rate*	\$ 11.80	\$ 17.70	\$ 29.50	\$ 59.00
Boise	\$ 14.80	\$ 22.20	\$ 37.00	\$ 74.00
Sun Valley	\$ 14.80	\$ 22.20	\$ 37.00	\$ 74.00
Coeur d'Alene	\$ 12.80	\$ 19.20	\$ 32.00	\$ 64.00

Breakfast: Departure 7:00 AM or before. Return 8:00 AM or after.
Lunch: Departure 11:00 AM or before. Return 2:00 PM or after.
Dinner: Departure 5:00 PM or before. Return 7:00 PM or after.

*Standard rate applies to all other Idaho cities that are not listed

Other locations visit: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Additional Information and Explanations:

Attach supporting documents showing how totals were estimated

(Ex. Conference agenda, Lodging Confirmation, Registration, Airline Itinerary, etc.)

Supervisor Approval	
Signature: _____	Date: _____

Requested By:
Name: _____ Date: _____