

Name:

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 f				eld				
Traveler			Department					
Destination				G/L Account				
Purpose/Type of Training								
i di pose, i pe di Tidiling								
Departure Rei				Transportation				
Date: Date:			College Car Airline					
Time: Time:			_	Personal Car U Other:				
Estimated Total Cost of Travel			Meal Allowance Breakdown					
Registration: \$		Star	ıdard	Breakfast	Lunch	Dinner	Full Day	
Transportation			ite*	\$ 13.60	\$ 20.40	\$ 34.00	\$ 68.00	
Mileage:	Miles	В	oise	\$ 17.20	\$ 25.80	\$ 43.00	\$ 86.00	
Vehicle Reimbursement (If Applicable) : \$		Sun	Valley	\$ 16.00	\$ 24.00	\$ 40.00	\$ 80.00	
Car Rental: \$		Coeur	d'Alene	\$ 14.80	\$ 22.20	\$ 37.00	\$ 74.00	
Airfare: \$			Breakfast: Departure 7:00 AM or before. Return 8:00 AM or after.					
Taxi/Shuttle: \$			Lunch: Departure 11:00 AM or before. Return 2:00 PM or after.					
Meals			D: D					
Total Meals: \$			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					
Lodging		Other locations visit: https://www.gsa.gov/travel/plan-book/per-diem-rates						
Hotel: \$		Additional Information and Explanations:						
Hotel Name:		·						
TIOWI IVAIIIC.								
TOTAL: \$								
Attach supporting documents showing how totals were estimated								
(Ex. Conference agenda, Lodging Confirmation, Registration, Airline Itinerary, etc.) Supervisor Approval								
Signature:	Date:							
Requested By:								

Date: