

Ag Business Center (ABC)

TRAVEL AUTHORIZATION FORM

PLEASE COMPLETE BEFORE TRIP

Your Name: _____ Account Number: _____

Trip Destination: _____

Purpose: _____

Date Leaving: _____ Date Returning: _____

Air Fare: _____ Via: New Horizon Frosch Internet

Meals Per Diem: yes no

Note: Departure date and return date are reimbursed at 75% per diem rate regardless of time travel begins or ends. Day trips are not eligible for per diem.

Other Expenses

Fill in the blanks with estimated costs

Automobile Rental / Fuel Expense: \$_____

Excess Baggage: \$_____

Internet: \$_____

Lodging: \$_____

Mileage: _____ # of miles

Parking: \$_____

Shuttle / Bus / Taxi / Metro: \$_____

Toll Road Charge: \$_____

Other: \$_____

Provide additional trip details if applicable: _____
