

**BEVILL STATE COMMUNITY COLLEGE  
IN-STATE & OUT-OF-STATE PRE-TRAVEL AUTHORIZATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 Name of meeting or conference \_\_\_\_\_  
 (Attach a copy of the agenda)  
 Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_  
 Names of other Bevill State personnel attending this conference/meeting: \_\_\_\_\_  
 \_\_\_\_\_

Mode of travel: \_\_\_\_\_ Air \_\_\_\_\_ State Vehicle \_\_\_\_\_ Personal Car \_\_\_\_\_ Other

Date Leaving \_\_\_\_\_ Date Returning \_\_\_\_\_

Approximate Cost:

\_\_\_\_\_ Per Diem  
 \_\_\_\_\_ Hotel (Out-of-State)  
 \_\_\_\_\_ Fare or Mileage (.50 cents per mile)  
 \_\_\_\_\_ Meals (Out-of-State)  
 \_\_\_\_\_ Registration  
 \_\_\_\_\_ Other  
 \_\_\_\_\_ **Total Cost**

PER DIEM RATES IN-STATE TRAVEL	
\$11.25	(trips 6-12 hours)
\$30.00	(trips exceeding 12 hours)
\$75.00	per day for two day trip (one night)
\$75.00	per day for three day trip (two night)
\$75.00	per day for trips of four days or longer (three or more nights)

Job responsibilities and/or class while away will be assumed by \_\_\_\_\_

\_\_\_\_\_  
 Signature of Requestee \_\_\_\_\_ Date \_\_\_\_\_

<b>APPROVALS:</b>	Budget Available	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
_____	_____		
1. Immediate Supervisor	2. Campus Business Office		
_____	_____		
3. Campus Dean (if applicable)	4. Appropriate College-wide Dean		
_____			
5. President (For Out-of-State Approval)			
If not approved, state reason and return to requestee: _____			
_____			
_____			
_____			