

**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 (.55 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

APPROVALS:	Budget Available	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
_____	_____		
1. Immediate Supervisor	2. Campus Business Office		
_____	_____		
3. Associate Dean	4. Appropriate College-wide Dean		

5. President (For Out-of-State Approval)			
If not approved, state reason and return to requestee: _____			

