Clear Form

Date: _____

AUTHORIZATION FOR OFFICIAL INSTITUTE TRAVEL

Destination: _____ Departure Time & Date: _____

Return Time & Date: _____

Purpose of Trip _____

INTERNATIONAL TRAVEL: Visit www.vmi.edu/internationaltravel for instructions and to register international travel in accordance with GO-73

Date OIP Was Contacted: _____

METHOD OF TRAVEL: ☐ **Air** ☐ **Bus** ☐ **Private Car** ☐ **Rental Car** ☐ **State Car** ☐ **Train**

State Vehicle Available: ☐ Yes ☐ No

Date VMI Motor Pool Was Contacted: _____

ANSWER IF STATE CAR REQUESTED

[Email p2vehiclereservation@vmi.edu to reserve vehicle(s). Subject to approval of this request.]

Number of Vehicle Required: _____ Total Number of Passengers: _____

Name(s) of Drivers/Passengers: _____

_____

Person in Charge of Trip: _____

Vehicle(s) Assigned: _____

Estimated Car Mileage: _____miles

Can Be Reached At The Following Destination:

Lodging: _____

Address: _____

Telephone: _____

Complete estimate of expenses including transportation by state vehicle:

		COMPTROLLER'S USE ONLY
Transportation	$_____	PROCESSED
Lodging	$_____	_____
Meals	$_____	
Other: _____	$_____	By _____ V#_____
TOTAL	$ $0.00	Amount _____
Travel Advance Requested $ _____		Date _____
Time & Date _____		Receipt # _____

_____ I have read and understand the Central Garage Car Pool Regulations; and the VMI Motor Pool Policies and Procedures. (Included on the Instructions for Completing Travel Authorization Form.)

BY SIGNING THIS FORM, I AUTHORIZE THE INSTITUTE TO DEDUCT ANY ADVANCEMENT RECEIVED FROM MY PAYCHECK IF I FAIL TO RETURN MY ADVANCE WITHIN 60 DAYS OF RETURNING FROM MY TRIP.

_____ _____

Traveler's Name (Print) Account Number To Be Charged

_____ _____

Signature of Traveler Signature of Departmental Authority

Chief Financial Officer

☐ APPROVED ☐ DISAPPROVED

_____ _____

Name Date

Designee Signature

☐ APPROVED ☐ DISAPPROVED

_____ _____

Name Date

Revised 5 October 2015