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| Agency Voucher Number |
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| **Travel Authorization Form** |  |

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| **EMPLOYEE AND TRIP INFORMATION** | | | | | | | | |
| *Authorization is requested for non-routine travel (defined in Administrative Procedure 20.03).* | | | | | | | | |
| Employee: |  |  |  | Travel Dates: | | |  | |
| Estimated Travel Cost: |  |  |  | Funding Account: | | |  | |
| Mode of Transportation: |  |  |  |  | | | |  |
| Destination and Purpose of Travel: | |  |  |  | | | | |
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| **WASHINGTON DC AREA TRAVEL** *(also check item(s) below if applicable*):  Travel to be paid with local appropriated funds (13 or 14 accounts)  Travel involves obtaining or spending federal funds or impacting federal policies | | | | | | | | |
| **FOREIGN TRAVEL** | | | | | | | | |
| *Approved for Export Controls compliance by* | |  |  |  | | | |  |
| *Associate Director for Finance and Administration.* | |  |  | Signature | | | | Date |
| **ACTUAL EXPENSE REPORT** | | | | | | | | |
| *Authorization to be reimbursed for actual expenses is requested. Justification with Director’s approval is attached.* | | | | | | | | |
| **TRAVEL ADVANCE REQUEST** | | | | | | | | |
| *Authorization is requested for a travel advance for the employee and travel identified above.* | | | | | | | | |
| FAMIS Vendor ID: |  |  |  | | Mailing Address for Advance: | | | |
| Date Needed: |  |  |  | |  | | | |
| Advance Amount: |  |  |  | |  | | | |
| Account: | 019220-1320 |  |  | |  | | | |
|  | |  |  | | Budgets and Accounting Department approval: | | | |
|  | |  |  | |  | | | |
|  | |  |  | |  | | | |
|  |  |  |  | | Signature | Date | | |
|  | | | | | | | | |
| **CERTIFICATIONS AND APPROVALS** | | | | | | | | |
| **Employee and Supervisor Certification:** This travel is appropriate to the mission of TFS. Applicable State, A&M System and TFS guidelines for limitation or coordination of travel will be followed. Any travel advance received must be promptly reimbursed to TFS or documented by filing a travel voucher upon completion of the trip. | | | | | | | | |
| Employee |  |  |  | Supervisor (Name) | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
| Signature | Date |  |  | Signature | | | | Date |
| **Additional Approvals** | | | | | | | | |
| *Some travel requires approval from the associate director or director. See Administrative Procedure 20.03.* | | | | | | | | |
| Associate Director |  |  |  | | Director | | |  |
|  |  |  |  | |  | | |  |
|  |  |  |  | |  | | |  |
| Signature | Date |  |  | | Signature | | | Date |
| **Director's Office Certification**: Required reporting for Washington D.C. area travel has been completed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | **Accounts Payable**  TC 149 | | | | | | |