

TA No.

WASHINGTON STATE UNIVERSITY**PULLMAN, WA 99164-1025**

See 95.05 for additional instructions.

SECTION 1 TRAVEL AUTHORITY						
NAME OF TRAVELER/SPEAKER		WSU ID NO.	TITLE	DEPARTMENT		
PURPOSE OF TRIP				MAIL CODE	DATE PREPARED	
				PREPARER'S NAME (FIRST LAST)		
				PREPARER'S TELEPHONE		
ITINERARY				Check all that are authorized.		
DATE	FROM	TO	HEADQUARTERS	<input type="checkbox"/> Domestic Speaker Fee (under \$3000 only)		
				<input type="checkbox"/> Rental Car		
				<input type="checkbox"/> Exceptions (Explain in Exceptions.)		
				Enter Lodging Exception Rule Number if Applicable		
EXCEPTIONS/RESTRICTIONS/FURTHER DETAILS						

I have determined that this travel plan is the most economical means available to accomplish the purposes described above without compromising personal safety. I have determined that payment for lodging, if authorized, is more economical than returning the traveler to the official station or residence.

APPROVING OFFICIAL NAME AND TITLE	APPROVING OFFICIAL SIGNATURE/DATE
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EXCEPTIONS NOTED AND APPROVED		
DEAN/DIRECTOR NAME AND TITLE	DEAN/DIRECTOR SIGNATURE/DATE	CONTROLLER/DATE

SECTION 2 CONFERENCE REGISTRATION	
<input type="checkbox"/> Check if conference expenses are to be paid directly by the Travel Section. Attach a completed registration form and enter amount.	REGISTRATION AMOUNT

SECTION 3 TRAVEL ADVANCE		
MAILING ADDRESS OF TRAVELER		AUTHORIZED EXPENSES
		Meals and lodging (not to exceed rates in 95.19) <input type="text"/>
<input type="checkbox"/> Mail to traveler's address.	<input type="checkbox"/> Hold	HOLD TELEPHONE

EMPLOYEE TRAVEL ADVANCE AGREEMENT: I agree to submit an itemized Travel Expense Voucher justifying the expenditure of this advance by the tenth day of the month following the travel. I agree to return any unexpended portion of this advance with the Travel Expense Voucher immediately after completion of travel. In case of failure to file a Travel Expense Voucher or any other default, I authorize WSU to withhold the amount of this advance from my paycheck.

TRAVELER'S SIGNATURE/DATE

WSU1109-GENEX017-1204

CONTROLLER' ONLY
PAYMENT REQUEST NO.
DATE
TRAVEL DIVISION

SECTION 4 ACCOUNT INFORMATION							
FUND	SFUND	PROG	BUDGET	PROJECT	OBJECT	SUBOBJ	NET AMNT

95.05.9