

**Travel Authority Form
(also use for Blanket
Travel Authority)**

| 1 Name and Mailing Address of Traveler | | 2 Campus address and phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------|---|--------------|------|------------------|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | 3 Banner A# (ssn if no A#) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Type of Traveler (select one box only) <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Non-Evergreen <input type="checkbox"/> Candidate for Faculty/Staff position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Type of Travel Authority (select one) <input type="checkbox"/> Blanket Travel Authority for travel within Washington State and contiguous counties/cities of Idaho & Oregon. For period of: _____ | | <input type="checkbox"/> One Time Trip (Note: for travel out of country or to Hawaii, attach Trip Justification) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Group/Field Trip - attach separate list of all travelers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 List accompanying travelers - attach a list of travelers if needed (Note: This is for liability purposes only. If any of the accompanying travelers are to be reimbursed for travel expenses, they must have their own individual travel authority) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Modes of Travel Authorized <input type="checkbox"/> Air <input type="checkbox"/> Pool Vehicle <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Other (indicate type) _____ <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Local Trans. (bus, taxi, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Reimbursement limited to: <input type="checkbox"/> Normal Per Diem & Travel Expenses <input type="checkbox"/> Limited (i.e., Actual Exps. with receipts, TESC Liability Coverage, etc.) _____ <input type="checkbox"/> Other (type of expenses, amount, etc.) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Itinerary: Purpose and Destination of Trip: (include dates, city/locations of meetings, conferences, etc.) ***NOTE: Travel to foreign countries and Hawaii require a trip justification form. Attach it to the travel authority. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 40%;">From: (Location)</th> <th style="width: 5%;"></th> <th style="width: 40%;">To: Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | Date | From: (Location) | | To: Location | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | From: (Location) | | To: Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 Travel Advance <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete and attach Travel Advance Request Form) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Fund Code, Organization code, and Account Code to be charged: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Employee acknowledgement and signature EMPLOYEE STATEMENT: "I certify that I have read and understand the OFM and The Evergreen State College Travel Regulations (located on second tab of this file or at: http://www.evergreen.edu/policies/policy/travelpolicy) and agree to the limitations on travel regulations, conditions and reimbursements contained therein & any listed in sections 5-9 above or on attached sheet. Employee signature: _____ Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepared By: Name, Ext, Date | | Organization Approval Signature _____ Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Print Name _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This page contains the links to The Evergreen State College's travel policy as well as the link to the Washington State Department of Enterprise Services's (formerly OFM) SAAM Manual Chapter 10 which contains further information on state travel policy.

Link for The Evergreen State Travel Policy

<http://www.evergreen.edu/policies/policy/travelpolicy>

Link for DES (formerly OFM) SAAM Manual, Chapter 10 - Travel

<http://www.ofm.wa.gov/policy/10.htm>