

TA No. **TRAVEL AUTHORITY**WASHINGTON STATE UNIVERSITY  
PULLMAN, WA 99164-1025

See 95.05 for additional instructions.

TRAVEL PLAN				
NAME OF TRAVELER	WSU ID NO.	TITLE	DEPARTMENT	MAIL CODE
PURPOSE OF TRIP / EXCEPTIONS / RESTRICTIONS / FURTHER DETAILS				DATE PREPARED
				PREPARER'S NAME
				PREPARER'S TELEPHONE
ITINERARY				Check all that are authorized:
DATE	FROM	TO	HEADQUARTERS	
				<input type="checkbox"/> Domestic Speaker Fee (under \$10,000 only) <input type="checkbox"/> Rental Car <input type="checkbox"/> Exceptions (Explain in Exceptions above)
				Enter Lodging Exception Rule Number if Applicable

TRAVEL FUNDED BY THIRD PARTY	
<input type="checkbox"/> Check if a third party is supporting this travel.)	NAME OF THIRD PARTY ENTITY (Enter the name of the entity supporting the travel. See 95.16.)

RESEARCH-RELATED TRAVEL (See EP27.)
<b>NOTE:</b> If this investigator receives any funding from a Public Health Service (PHS) entity or a non-PHS source that has adopted the PHS regulations, the investigator must submit an online SFI Travel Disclosure form through MyResearch. For instructions and a list of complying non-PHS entities, see: <a href="http://www.coi.wsu.edu/travel.asp">http://www.coi.wsu.edu/travel.asp</a> .

**TRAVEL PLAN AUTHORIZATION:** 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. I have noted and approved the exceptions as indicated.

DEAN/DIRECTOR/CHAIR/APPR. OFFICIAL NAME AND TITLE	DEAN/DIRECTOR/CHAIR/APPR. OFFICIAL SIGNATURE	DATE

CONFERENCE REGISTRATION	
<input type="checkbox"/> Check if conference expenses are to be paid directly by Accounts Payable. Attach a completed registration form and enter amount.	REGISTRATION AMT.

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

**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

**GUARANTEE FOR ADVANCE OF FUNDS TO NONEMPLOYEE STUDENT:** I hereby certify that the nonemployee student recipient of these funds has been informed of the Washington State University policies and procedures regarding travel advance. In the event that the recipient of these funds fails to submit proper documentation for the expended portion of this advance plus return of any unexpended amount by the final accounting date indicated on the request form, I authorize any outstanding balance to be charged to the 17A account indicated below.

ACCOUNT (17A-Budget-Project)	AUTHORIZED SIGNER NAME AND TITLE	AUTHORIZED SIGNER SIGNATURE	DATE
17A - -			

CONTROLLER ONLY
PAYMENT REQUEST NO.
DATE
TRAVEL SERVICES

ACCOUNT INFORMATION								
FUND	SFUND	PROG	BUDGET	PROJECT	OBJECT	SUBOBJ	NET AMNT	