GF-4(TA)

REV. 9-85

STATE OF LOUISIANA

TRAVEL AUTHORIZATION

DEPARTMENT/DIVISION			DATE OF REQUEST	DATE FFECTIVE	T.A. NUMBER
SECTION	COST CENTER	OFFICIAL STATION/DOMICILE			

I HEREBY CERTIFY THAT THE PRESCRIBED DUTIES OF THE POSITIONS AND THE INCUMBENTS THEREOF, AS SPECIFIED BELOW, NECESSITATE TRAVEL THE INCUMBENTS THEREOF, AS SPECIFIED BELOW, NECESSITATE TRAVEL EXPENDITURES OF THE NATURE AND AMOUNT HEREIN SPECIFIED, FOR WHICH AUTHORIZATION IS HEREBY REQUESTED UNDER THE PROVISIONS OF LAW AND REGULATION.

TYPE OF AUTHORIZATION

☐ NORMAL	☐ ANNUAL/ROUT.	☐ SINGLE TRIP
☐ STATE AIRCRAFT	☐ SEASONAL	☐ OUT-OF-STATE
	☐ QUARTERLY	☐ CONF./CONVENT.
		☐ SPONSORED
		☐ PERSONAL

SECTION HEAD

AUTHORIZED BY OR FOR DEPARTMENT HEAD
(MUST BE COMPLETED ON ALL AIR TRAVEL AUTHORIZATIONS UNDER PPM 67)

APPROVED BY OR FOR DIVISION HEAD

AUTHORIZATION OF AGENCY OPERATING SPECIAL PURPOSE AIRCRAFT
(TO BE USED WHEN SPECIAL PURPOSE AIRCRAFT USED FOR GENERAL TRAVEL, PPM 67)

AUTHORIZED BY OR FOR DIRECTOR

SOCIAL SECURITY NO.	NAME OF EMPLOYEE	TITLE OF POSITION	HOME ADDRESS

PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (CONTINUE ON REVERSE SIDE IF NECESSARY)

TRAVEL ALLOWANCES — **TRAVEL ADVANCE REQUESTED** ☐ **YES - AMOUNT $** **(COMPLETE REVERSE)** ☐ **NO**

TOTAL FOR MONTH OR TRIP	$	
TOTAL FOR QUARTERLY ENDING	$	
TOTAL FOR FISCAL YEAR	$	

FUND	APPR'N	AGENCY CODE				EXP. CODE	

PUNCHED	VERIFIED	EXAMINED BY	DATE

I certify that this voucher has been examined, that the proposed expenditure is authorized by appropriation and allotment and does not exceed the unencumbered balance of the allotment to which it is properly chargeable, that the prices or rates are fair and reasonable, and the total estimated cost has been entered as a charge against the allotment(s) and appropriation(s) indicated on this travel authorization.

COMPTROLLER/FISCAL OFFICER

Reimbursement for all travel expenses will be made in accordance with Travel Regulations prescribed by the Governor, through the Division of Administration. See Policy and Procedure Memorandum No. 49, Travel Regulations, and Policy and Procedure Memorandum No. 67, Travel in State-owned Aircraft.

PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (Continued from front)

DETAIL ESTIMATION OF TRAVEL EXPENSES (Must Be Completed For Travel Advance)

AIR FARE (COACH CLASS)		$	
PERSONAL CAR	_____ MILES AT $.44 PER MILE	$	
RENTAL CAR		$	
LIMOUSINE, TAXI, ETC.		$	$
SUBSISTENCE	LODGING _____ NIGHTS @ $ _____/NIGHT	$	
	MEALS _____ DAYS @ $ _____/DAY	$	$
TOLLS AND PARKING			$
TIPS			$
OTHER EXPENSES	REGISTRATION FEES	$	
	MEMBERSHIP FEES	$	
	OTHER (Explain)	$	$
TOTAL ESTIMATED REQUIRED EXPENDITURES (carry to front of form)			$

SPECIAL APPROVALS REQUIRED

- ☐ WEEKEND TRAVEL
- ☐ VEHICLE RENTAL
- ☐ 25% ALLOWANCE
- ☐ 75% ALLOWANCE FOR LODGING (BATON ROUGE, NEW ORLEANS & NEW ORLEANS SURROUNDING PARISHES, LAKE CHARLES & LAKE CHARLES SURROUNDING PARISHES)
- ☐ USE OF PERSONAL VEHICLE
- ☐ OTHER (Please Explain):

_____ _____

SIGNATURE OF DEPARTMENT HEAD DATE