

STATE OF LOUISIANA  
**TRAVEL AUTHORIZATION**

DEPARTMENT/DIVISION DOA			DATE OF REQUEST 08/04/2015	DATE EFFECTIVE 08/11/2015	T.A. NUMBER
SECTION OFSS	COST CENTER 1071008	OFFICIAL STATION/DOMICILE BATON ROUGE	<b>TYPE OF AUTHORIZATION</b>		
I HEREBY CERTIFY THAT THE PRESCRIBED DUTIES OF THE POSITIONS AND 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.			<input type="checkbox"/> IN-STATE TRAVEL <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> CONF./ CONVENT. <input type="checkbox"/> SPONSORED	<input type="checkbox"/> WORKSHOP <input type="checkbox"/> MEETING	

SECTION HEAD \_\_\_\_\_

APPROVED BY OR FOR DIVISION HEAD \_\_\_\_\_

AUTHORIZED BY OR FOR DIRECTOR \_\_\_\_\_

AUTHORIZED BY OR FOR DEPARTMENT HEAD  
(MUST BE COMPLETED ON ALL AIR TRAVEL AUTHORIZATIONS UNDER PPM 49)

AUTHORIZATION OF AGENCY OPERATING SPECIAL PURPOSE AIRCRAFT  
(TO BE USED WHEN SPECIAL PURPOSE AIRCRAFT USED FOR GENERAL TRAVEL, PPM 49)

NAME OF EMPLOYEE	TITLE OF POSITION	HOME ADDRESS

**PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (MUST BE COMPLETED)**  
**TRAINING CLASS IS BEING HELD ON THE USE OF THE HUD - DISASTER RECOVERY GRANT REPORTING SYSTEM. THE DRGR SYSTEM IS USED TO REQUEST FEDERAL REIMBURSEMENT FOR THE OCD- DISASTER RECOVERY GRANTS.**

TRAVEL ALLOWANCES		TRAVEL ADVANCE REQUESTED <input type="checkbox"/> YES - AMOUNT \$				(COMPLETE REVERSE)		<input type="checkbox"/> NO
TOTAL FOR MONTH OR TRIP						\$		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.
TOTAL FOR QUARTERLY ENDING						\$		
TOTAL FOR FISCAL YEAR						\$		
FUND	APPRN	AGENCY CODE			EXP. CODE			COMPTROLLER/FISCAL OFFICER
107			1008			2510		
PUNCHED		VERIFIED			EXAMINED BY		DATE	

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.

<b>PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (Continued from front)</b>
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<b>DETAIL ESTIMATION OF TRAVEL EXPENSES (Must Be Completed)</b>
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AIR FARE (COACH CLASS)		\$	
PERSONAL CAR	August 11 and 12, 2015 – 3 personal cars (3 @ \$168.64) 992 @ \$.51 PER MILE	\$ 505.92	
RENTAL CAR		\$	\$
LIMOUSINE, TAXI, ETC.		\$	
SUBSISTENCE	LODGING ___ NIGHTS @ \$ ___/NIGHT	\$	
	MEALS ___ DAYS ___ @ \$ ___/DAY	\$	\$
TOLLS AND PARKING	3 cars for 2 days – the highest cost of parking is \$25.00 per day		\$ 150
TIPS			\$
OTHER EXPENSES	REGISTRATION FEES	\$	
	MEMBERSHIP FEES	\$	
	OTHER (Explain)	\$	\$
TOTAL ESTIMATED REQUIRED EXPENDITURES (carry to front of form)			\$ 655.92

<b>SPECIAL APPROVALS REQUIRED</b>
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- WEEKEND TRAVEL  
 VEHICLE RENTAL  
 50% ALLOWANCE  
 USE OF PERSONAL VEHICLE  
 OTHER (Please Explain):

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD

\_\_\_\_\_  
DATE