(Please Type)

TITLE III
TRAVEL AUTHORIZATION FORM

_____
Name of Requestor

Date_____Department_____Account No._____

I request to be absent for the period   Source of Expenditure_____

_____on _____20_____through_____on _____20_____for_____
    Time   Date   Time   Date   Days

Purpose of Travel_____

I may be contacted_____( )_____
                Place of Lodging   City   State   Phone

Work Coverage During Absence_____

Method of Travel_____ Airline Round Trip Fare $_____

Other Estimated Cost: If Auto_____x $.   /mile =   _____
                                    Miles

    Per Diem: _____days @ $_____/day   =   _____

    Auto Rental_____   _____

    Other (Please itemize):_____   _____

                                 TOTAL ESTIMATED TRAVEL $_____

I, the undersigned agree that Talladega College may deduct from my next month's payroll check for a Travel Advance in the amount of $_____in the event that a Travel Expense Statement and supporting documentation is not turned in to the Business Office within **seven days** of my return to the campus.

Date Check Needed_____Requestor_____

Make Check Payable To_____

____Approved _____Unable to approve (See Note)*   _____
                                        Immediate Supervisor

_____Approved _____Unable to approve (See Note)*   _____
                                  Division/Administrative Head

_____Federal Program Clearance of Applicable

I HEREBY CERTIFY THAT THE ABOVE REQUEST AND ACCOMPANYING COST _____ARE
____ARE NOT ALLOWABLE ITEMS AND EXPENDITURES WITHIN GRANT REGULATIONS.

_____Approved_____Unable to Approve (See Note)*   _____
                                   Federal Program Officer

_____Approved_____Unable to Approve (See Note)*   _____
                                   President

_____Approved_____Unable to Approve (See Note)*   _____
                                   Comptroller