

**BEVILL STATE COMMUNITY COLLEGE
PRE-TRAVEL AUTHORIZATION FORM
In-State Per Diem
In-State Actual (Claim only if Bevill is a dues paying member*)
Out-of-State Actual**

Name: [Click here to enter name](#)

Date: [Click here to enter a date.](#)

Department: [Click here to enter dept.](#)

Account #: [Click here to enter acct. #.](#)

Name of Meeting or Conference: [Enter name of meeting or conference.](#)

(Attach a copy of the agenda and please do not use acronyms.)

Destination: [Enter destination.](#)

Purpose: [Enter purpose of trip.](#)

Names of other Bevill State personnel attending this conference/meeting: [Click here to enter name\(s\).](#)

Mode of travel: Air State Vehicle (Only available for workforce development training) Personal Car Other
(If you choose to drive a personal car instead of via an airline, please provide the air fare rates for the time frame of the travel.)

Date Leaving: [Choose date leaving](#)

Date Returning: [Choose date returning.](#)

Indicate which one of the three types of pre-travel authorizations you are seeking and complete required information for that section. Travel will be reimbursed in the most economical method for the College.

<p><input type="checkbox"/> In-State Per Diem</p> <p>Per Diem \$enter amt Fare or Mileage \$enter amt 57.5 cents per mile Registration \$enter amt Other \$enter amt Total \$enter amt</p> <p>Per Diem \$12.75 trips 6-12 hours \$34.00 trips exceeding 12 hours \$85.00 per day for 2-day trip/1 night, etc. \$100.00 per day for 3-day trip/2 or more nights</p>	<p><input type="checkbox"/> In-State Actual</p> <p>*Insert Name of Member Organization Click here to enter text. Hotel \$enter amt Fare or Mileage \$enter amt 58 cents per mile Registration \$enter amt Other \$enter amt Total \$enter amt</p>	<p><input type="checkbox"/> Out-of-State Actual</p> <p>Per Diem \$enter amt Hotel \$enter amt Fare or Mileage \$enter amt 58 cents per mile Registration \$enter amt Other \$enter amt Total \$enter amt</p>
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I waive the right to In-State Actual and will be claiming In-State Per Diem for this travel.

Job and/or class responsibilities while away will be assumed by: [Click here to enter text.](#)

Signature of Requester: _____ Date [Choose date](#)

APPROVALS:

(1.) Immediate Supervisor

(2.) Appropriate College-wide Dean

(3.) President (Presidential approval required for all travel effective June 17, 2020 until further notice)

If not approved, state reason and return to requester: [Insert text as appropriate.](#)