

	available on the GSA	Note: All per diem rates for meals and hotel are available on the <u>GSA site</u> . Rates change by fiscal year and vary by location.					
. TRAVELER (first	For school (non-grant) fundame, middle initial, last name)	2. TITLE			3. UID#		
4. HOME ADDRESS		5a. TRAVELING	5a. TRAVELING FROM  ☐ HOME ☐ OFFICE		5b. TRAVELING TO:		
		□ НОМЕ					
	IPTION OF REASON FOR TRAVEL NFERENCE YOU ARE ATTENDING						
	ION REQUESTED (check all that apply]   Rail		Other (Spe	cify)			
		8. OFFICE	AL ITINERARY				
DATE (MM/DD/YYYY) (a)	ITINERARY POINT		PER DIEM RATE		TOTAL	ACTUAL	
	(b) CITY	STATE	MAXIMUM	MEAL & INCIDENTAL	(e)	EXPENSE RATE (f)	
	FROM:		LODGING (c)	EXPENSES (M&IE) RATE (d)			
	TO:						
	TO:						
	TO:						
						YES	NO
LEAVE OR U	R MAKING ANY DEVIATIONS FRO SING A MODE OF TRANSPORTATIO m the official itinerary require a compara	N NOT FINANCIALL	Y ADVANTAGEOUS				
10. IS THE LOWEST PRICED PROVIDER BEING USED BETWEEN ITERARY LOCATIONS? (If no, please justify in item 15.)							
11. ARE YOU SEEKING OTHER THAN COACH (first, business) OR ACELA AUTHORIZATION? (If yes, justify in item 15 how this is financially beneficial.)							
	ADDITIONAL EXPENSES BEYOND				T 10		
ESTIMATED C	COST Air/rail \$ Pe URCE	er diem (from GSA si ] GRANTS SOU	JRCE #	Other \$	Total \$		_
REMARKS/JU	STIFICATION						
		16. AUTHORI	ZED SIGNATURES				
RAVELER/REQUE	STOR SIGNATURE				DATE		
EPARTMENT ADM	IINISTRATOR/CHAIR SIGNATURE				DATE		
SSOCIATE DEAN I	FOR ADMINISTRATION AND FINAN	CE SIGNATURE			DATE		

## PRIVACY ACT STATEMENT

This Travel Authorization Request Form is intended to collect data to establish an estimate of cost and subsequent authorization for each employee's travel and then compare actual travel costs against estimated amounts for budgetary planning purposes. A business need is a prerequisite for an employee to request school funded travel, therefore articulating a business rationale for the travel request is mandatory. Information may be transferred to appropriate Human Resources personnel in the event of policy violations or misrepresentation of information. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses should you opt to not furnish such information.

Please note that per diem rates (accessible at <a href="https://www.gsa.gov/travel/plan-book/per-diem-rates">https://www.gsa.gov/travel/plan-book/per-diem-rates</a>) apply to hotel lodging and meals and they vary by fiscal year and geographic location. Please make sure to reflect the rates as applicable for the appropriate fiscal year and location. Please note that per diem rates on travel days are reimbursed at 75%. For any questions, please reach out to the Associate Dean for Administration and Finance

## INSTRUCTIONS FOR PREPARATION OF OFFICIAL TRAVEL AUTHORIZATION REQUEST

- **Block 1**. Provide traveler's full name.
- Block 2. Enter traveler's job title at BU SPH.
- Block 3. Enter traveler's university ID number.
- **Block 4.** Enter traveler's home address
- Block 5a. Enter whether traveler is traveling from home or office
- **Block 5b.** Enter traveler's destination indicating address as applicable.
- Block 6a. Provide a brief description of the business rationale for wanting to engage in school funded travel.
- **Block 6b.** Provide the name of the conference you are attending (if applicable) and spell out any acronyms.
- Block 7. Check all boxes that apply with regards to the intended means of transportation.
- **Block 8.** Enter all pertinent information vis-à-vis date of travel, itinerary, the allowable per diem rate (from <a href="www.gsa.gov">www.gsa.gov</a>) for the destination location. This includes lodging and meals per diem rates. Leave the Actual Expenses box empty. This will be filled by the financial analyst after your travel is complete and your expenses have been itemized and reimbursed.
- **Block 9.** Indicate whether you're making any deviations from official itinerary for the purposes of leisure or personal convenience. Please note that any overage costs may not be reimbursed.
- **Block 10.** Please indicate whether you are using the lowest cost service provider. Comparative documentation (e.g. comparing bus fare vs. train fare to reach a destination) may be required.
- **Block 11.** Please indicate whether you are using means of transportation that are considered "above standard" such as e.g. traveling business class vs. economy on a plane, or utilizing Acela vs. standard train service etc. Provide justification in Block 15 as applicable.
- **Block 12.** List any additional expenses (e.g. incidentals) you anticipate. If you intend to provide a more detailed explanation, beyond a simple list, please utilize the space on block 15 to do so.
- **Block 13.** Indicate the dollar amounts for each section (air/rail, per diem which combines hotel and meals, other and then calculate total).
- Block 14. Indicate whether the funding source is central (i.e. school funded) or external (i.e. grant funded) and provide source number.
- **Blocks 15.** Provide any remarks/justification as related to other blocks noted above.
- **Block 16.** Provide/obtain all necessary signatures to include yours as the traveler, your department's director of administration or chair's signature and finally forward to the Associate Dean for Administration and Finance for final signature. Indicate date of approval congruent with each signature. Once all approvals are obtained you will be advised from the appropriate personnel in Finance and Administration that your travel authorization is provided. A copy of the signed document with all signatures will be issued to you and a copy will be retained with Finance and Administration for further processing when final expenses are entered into the system. Thank you.