

EMPLOYEE SPEND AUTHORIZATION ATTACHMENT

AS292-A

This form must be completed and attached to the Spend Authorization prior to making any travel reservations.

Traveler		Tit	le				
Туре	Employee	🗌 Student 🛛	Employee	🗌 Graduate	mployee		
Contact		Ph	one		E-mail		
Departure Date		Re	turn Date				
Purpose of Travel							
Destination (City, State and/or Country is required)			Does travel include personal travel days?			🗌 Yes	🗌 No
From:			If yes, please disclose the personal dates and travel destination(s). Travel costs may be				
То:		lim	limited to the lesser of a lowest logical airfare or prorated amount. (See PM-13)				
Section A - Foreig	n Travel (Applies to all trav	vel outside the 50 US	States, Distri	ct of Columbia, Puerto Ric	o, US Virgin I	sland, Ameri	ican Samoa, & Gua
Are US Dept of State rates being requested?						🗌 Yes	🗌 No
 Is there a US Dept of State Travel Warning or Alert for this destination? 						🗌 Yes	🗌 No
- Please refer to the "LSU Restricted Regions List" on the AP & Travel website.							
- If yes, complete additional required forms per the High Risk Travel procedures in place for your campus.							
- If yes, the Cost Center Manager must add the appropriate Adhoc Approver as listed in PM-13, Appendix B.							
Section B - Travel	Greater than 30 days						
 Is the travel greater than 30 days? 						🗌 Yes	🗌 No
- If yes, the C	ost Center Manager mus	add the appropri	ate Adhoc A	pprover as listed in PM	-13, Append	lix B.	
Section C - Requi	red Special Approvals/Ju	stification					
Expen	se	Description				Please check Yes or No	
Meals (Conferenc	e) Meals desi	Meals designated as intergral part of conference					🗌 No
Lodging (Routine)	* Up to 50%	Up to 50% in excess of maximum otherwise allowed.					🗌 No
Vehicle Rental **	Compact	Mid-size	/Intermediate	Full Size		🗌 Yes	🗌 No
	🗌 Mini-van	🗌 Van	Othe	Pr			
* Justification Re	equired						
** Justification Re	equired						