



# The College of William and Mary

## Travel Authorization, Travel Advance, and Lodging Exception Allowance Form

<b>Traveler Type</b> (please check one)	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Other
---	----------------------------------	--------------------------------	----------------------------------	--------------------------------

Name (Last, First)	
Banner ID#	
Department	
Phone	( ) -
Email	

Banner Index	
Banner Account	
Activity Code	
Destination(s)	
Travel Start Date (MM/DD/YY)	
Travel End Date (MM/DD/YY)	

<b>Type of Travel</b> (please check)	<input type="checkbox"/> Conference	<input type="checkbox"/> Training	<input type="checkbox"/> Education	<input type="checkbox"/> Athletics	<input type="checkbox"/> Investigation
	<input type="checkbox"/> Recruitment	<input type="checkbox"/> Field Work	<input type="checkbox"/> Research	<input type="checkbox"/> Presentation	<input type="checkbox"/> Other (Explain): _____

<b>Travel Purpose</b> (required)	
-------------------------------------	--

ESTIMATED COSTS (must be filled out for all travel over \$500.00)						
Transportation	Lodging	M&IE	Other	Total		

**TRAVEL ADVANCE REQUESTS (MINIMUM of \$100.00)**  
 Requests for advances must be turned in to the Bursar's Office for approval 10 days in advance of the trip start date; otherwise a travel advance payment is not guaranteed.

**PROMISSORY NOTE:**  
 I am requesting the below-cited travel loan from the College of William and Mary. I understand the following:

1. If the total amount of this Travel Loan is not covered by my corresponding Travel Reimbursement, I understand that this Travel Loan must be completely repaid no later than sixty (60) days from completion of the travel date or immediately upon termination of my employment with the College, whichever comes first.
2. I am responsible for full compliance with all College travel regulations.
3. I hereby authorize the College to apply my Travel Reimbursement funds to the corresponding Travel Loan. Any remaining funds will be refunded to me within 2-5 business days.
4. Failure to comply with the College's travel regulations, resulting in disallowance of any Travel Expense Reimbursement, in no way relieves me of the obligation to repay this Travel Loan as stipulated.

BY MY SIGNATURE IN THE TRAVEL REQUEST SIGNATURE/APPROVALS SECTION BELOW, I AGREE TO BE BOUND BY THE PROVISIONS ABOVE AND FURTHER AGREE TO ALLOW THE COLLEGE TO DEDUCT FROM MY SALARY VIA ADMINISTRATIVE OFFSET ANY PORTION OF THIS LOAN NOT REPAYED WITHIN 60 DAYS FROM THE DATE TRAVEL IS COMPLETED OR UPON TERMINATION OF EMPLOYMENT WITH THE COLLEGE, WHICHEVER COMES FIRST. IF THIS DEBT BECOMES DELINQUENT AND IS REFERRED TO AN EXTERNAL COLLECTION AGENCY OR TO THE OFFICE OF THE ATTORNEY GENERAL, I AGREE TO PAY ANY COST OF COLLECTION OR LITIGATION.

<b>Amount Requested (at least \$100.00)</b>	<b>Bursar's Approval</b>	<b>Date Approved (MM/DD/YY)</b>

**TRAVEL REQUEST SIGNATURES/APPROVALS (required)**  
 I hereby certify that I understand everything on the document and will adhere to the College's Travel Regulations (including the travel advance request). If using ground transportation (car or other vehicle), I certify that I understand, will adhere to the College Vehicle Use Policy, and will complete a driver authorization form if required by that policy.

<b>Traveler</b>	_____	<b>Date</b>	_____
	Signature	Print Name	(MM/DD/YY)

I verify that the funds are available in the listed index(es) and approve travel under the conditions indicated.

<b>Agency Head</b>	_____	<b>Date</b>	_____
Or Authorized Designee	Signature	Print Name	(MM/DD/YY)

**All international travel (travel outside the 48 contiguous states) MUST be approved by the appropriate Dean and/or Office of Sponsored Programs if necessary.**

<b>Dean</b>	_____	<b>Date</b>	_____
	Signature	Print Name	(MM/DD/YY)

<b>Sponsored Programs</b>	_____	<b>Date</b>	_____
	Signature	Print Name	(MM/DD/YY)

**LODGING EXCEPTION REQUEST (Required when lodging exceeds up to 100% over ALLOWABLE rate)**  
 Approval by Agency Head or Designee

<b>Hotel Name:</b>	_____	<b>City and State of Hotel:</b>	_____
<b>Allowable Guideline Amount per GSA Rates:</b>	<b>A.</b>	_____	
<b>Actual Hotel Expense (Room Rate ONLY):</b>	<b>B.</b>	_____	

**JUSTIFICATION AND EXPLANATION FOR EXCESSIVE LODGING RATE:**  
 \_\_\_\_\_

<b>Agency Designee Signature:</b>	_____	<b>Date</b>	_____
		(MM/DD/YY)	

**Agency Designee Print Name:** \_\_\_\_\_