



## TRAVEL AUTHORIZATION FORM

<b>CONSULTANT NAME</b>		<b>DEPARTURE DATE</b>	
<b>LOCATION</b>		<b>RETURN DATE</b>	
<b>POSITION</b>		<b>DESTINATION (City, State/Country)</b>	

**BUSINESS PURPOSE** (check one):

Client Support;      Conference;      General Expense/Other;      Meeting;      Training

<b>EXPLANATION of TRAVEL (attach additional information as necessary)</b>

EXPENSES	Payment Method	Est. Cost	EXPENSES	Payment Method	Est. Cost
Airfare	Employee Reimb.		Lodging	Employee Reimb.	
	Dept. Prepaid			Dept. Prepaid	
	Third-Party			Third-Party	
Mileage (personal vehicle)	Employee Reimb.		Meals	Employee Reimb.	
	Dept. Prepaid			Dept. Prepaid	
	Third-Party			Third-Party	
Rental Vehicle	Employee Reimb.		Other Expenses	Employee Reimb.	
	Dept. Prepaid			Dept. Prepaid	
	Third-Party			Third-Party	
Other Transportation	Employee Reimb.		<b>TOTAL ESTIMATED COSTS</b>		
	Dept. Prepaid				
	Third-Party				

The Travel Authorization Form must be completed and approved prior to travel. Submit to Pamela Patton at [pfp@argenttech.net](mailto:pfp@argenttech.net).  
 Upon completion of travel, please submit this form along with completed Expense Form and copies of all receipts.  
 Reimbursements must be submitted within 30 days after travel.  
 For a list of allowable per diem rates, go to: [GSA Per Diem Information](#)

<b>CONSULTANT CERTIFICATION</b>	
By signing below, I certify the requested travel is appropriate and necessary for conducting business, and agree to comply with Argent Technologies policies and procedures for submission and reimbursement.	
_____ <b>SIGNATURE</b>	_____ <b>DATE</b>

<b>DEPARTMENT HEAD (or Designee) AUTHORIZATION</b>			
<b>APPROVED</b>		<b>DISAPPROVED</b>	
<b>PRINTED NAME &amp; TITLE</b>			
<b>SIGNATURE</b>		<b>DATE</b>	

