

Reimbursement for all travel expenses will be made in accordance with the Travel Regulations prescribed by the Governor, through the Division of Administration. See Policy and Procedures memorandum No. 49 Travel Regulations.

TRAVEL AUTHORIZATION
 State of Louisiana
 Department of Health and Hospitals

Office _____

Division	Section	Agency No. & Organization No.	Domicile	Date of Request	Effective Date
Name of Employee – (For 2 or more employees attach a list of names and identifying information)					Authorization Number
Title of Position					T.A. _____ Personnel Number
Home Address					

Type of Authorization:	<input type="checkbox"/> Annual	(Complete Detail Estimation Section)			
		<input type="checkbox"/> Single Trip	<input type="checkbox"/> Out of State	<input type="checkbox"/> Advance Request (complete the attached)	
Purpose of Trip or Necessity for Travel		<input type="checkbox"/> Special Approvals:	<input type="checkbox"/> Weekend Travel	<input type="checkbox"/> 25% Allowance	

Employee's Signature

DETAIL ESTIMATION OF TRAVEL EXPENSES: (For Single Trip or Out-of-State Travel)

Air Fare			
Personal Car	Miles at _____ Cents Per Mile		
Rental Car			
Limousine: Taxi, Etc.			
Subsistence	Lodging		
	Meals		
Tolls and Parking			
Tips			
Other Expenses	Registration Fees		
	Membership Fees		
	Other (Explain)		
Total Estimated Required Expenditures			

I hereby certify that the prescribed duties of the position and the incumbent thereof as specified above necessitate travel expenditures of the nature and amount herein specified for which authorization is hereby requested under the provisions of law and regulation.

_____ Organization Manager	_____ Director/Section Chief	_____ Authorized by Department Head or Designee
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TRAVEL ADVANCE AGREEMENT

In the event you receive a travel advance, due to meeting the criteria outlined in PPM 49.

1. You must submit your travel expense form with all required receipts, no later than the 15th day following the completion of the travel.
2. If actual expenses are more than this advance, DHH will issue you a check for the difference.
3. If actual expenses are less than this advance, you must issue a check or money order for the difference made payable to DHH. The check or money order shall be attached to the travel expense form.
4. The travel expense form and receipts will be returned to you if there are calculation errors and/or if the form is not properly completed.
5. If you have any questions regarding repayment of this travel advance, please contact your travel reimbursement unit.

ACCEPTANCE STATEMENT

In accordance with Department policy, my acceptance of advanced travel funds authorizes DHH to withhold my payroll check or checks, and issue a supplemental payroll check for the deduction of any advanced funds unaccounted for and/or not refunded by the 15th day after the completion of travel.

Employee's Signature

Date