



TRAVEL AUTHORIZATION FORM

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

BUSINESS PURPOSE (check one):

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

EXPLANATION of TRAVEL (attach additional information as necessary)

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.		TOTAL ESTIMATED COSTS		
	Dept. Prepaid				
	Third-Party				

The Travel Authorization Form must be completed and approved prior to travel. Submit to Pamela Patton at 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](#)

CONSULTANT CERTIFICATION	
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.	
_____ SIGNATURE	_____ DATE

DEPARTMENT HEAD (or Designee) AUTHORIZATION			
APPROVED		DISAPPROVED	
PRINTED NAME & TITLE			
SIGNATURE		DATE	

