

SOUTHWEST TENNESSEE COMMUNITY COLLEGE

BLANKET TRAVEL AUTHORIZATION

Full Name (Please Print or Type): _____ Date: _____

Department/Division: _____

Campus: Whitehaven Center Institution Index Code: _____ Account Code: _____

Grant Index Code: _____ Account Code: _____

The above person is authorized to travel:

Effective Travel Period: From: _____ To: _____

Purpose: _____

- Restricted To:
- State of Tennessee
 - Shelby County
 - Other: _____

PLEASE NOTE: THIS AUTHORIZATION ALLOWS ROUTINE TRAVEL INTO ANOTHER STATE AND BACK IN THE SAME DAY, IF THE TRAVEL IS IN THE NORMAL COURSE OF OFFICIAL BUSINESS AND EACH ROUND TRIP IS NO MORE THAN 100 MILES. THIS TRAVEL SHALL BE SUBJECT TO THE IN-STATE TRAVEL PROVISIONS.

- Method of Travel:
- State-owned vehicle, if available
 - Personal Vehicle
 - Commercial Transportation

I agree to submit a "Claim for Expenses" form within 30 days after travel completion. Also, I understand that reimbursement for expenses under this authorization will be limited to standard in-state rates.

Employee Signature

Approvals:

Director/Immediate Supervisor

Date

Other

Date

Dean/Vice President

Date

President

Date