



Travel Authorization and Business Advance Form

Upon approval by your Department Head, please obtain additional approval from the Office of the President (if academic department) or Controller (if administrative department). Please submit the approved form to travel@sva.edu so that you can proceed with your booking via the travel site: travel.sva.edu

Date Prepared

Employee ID Number

Employee/Traveler Name

Department GL (6-digit prefix #)

Department

BUSINESS PURPOSE OF TRIP/REASON FOR TRAVEL:

DATES OF TRAVEL: _____ to _____

TRAVELING INTERNATIONALLY? International travelers are required to enroll in SVA's [INTERNATIONAL SOS travel program](#).

ANTICIPATED EXPENSES

Expense (enter Description / Business Purpose)	Category	Total (USD \$)

Personal Auto Use	Estimated Mileage	SVA Allowable Rate
_____	_____	\$0.625/mile
Per Diem Travel Allowance	# of Travel Days	
INTERNATIONAL Travel Day(s)		\$130/day
DOMESTIC Travel Day(s)	_____	\$100/day

TOTAL ANTICIPATED EXPENSES

TRAVEL ADVANCE REQUESTED

Indicate amount needed to be advanced to you (if using travel site or Pcard amount should be less than TOTAL ANTICIPATED EXPENSES)

AUTHORIZATION & APPROVAL

I am submitting this Form pursuant to SVA's Travel & Entertainment Policy and hereby acknowledge my review of the the policies and manual, and agree to the procedures and guidelines established. Upon returning from travel, I shall submit a Travel & Expense Report with documents/receipts to support per diem expenses. In the event, the per diem allocation exceeds actual expenses, I agree to remit any remaining funds to SVA.

Employee/ Traveler Signature

Department Head Approval

President/Controller Approval