Destination:	Γ	Departure Time & l	Date:			
		Return Time &				
Purpose of Trip					·	
METHOD OF TRAVEL:	Air Bus	Private Car	Rental Car	State Car	Train	
	State Vehicle Avail	able: 🗆 Yes	□No			
Date VM	II Motor Pool Was C	Contacted:				
[Email p2vehiclereserv	ANSWER IF STA ation@vmi.edu to re	_		al of this request.]		
Number of Vehicle R	equired:	_ Total Number	r of Passengers:			
Name(s) of Drivers/Passengers:						
Person in Charge of Trip:						
			miles			
Complete estimate of expenses including tran						
Cransportation  Lodging  Meals  Other:	\$ \$				ER'S USE ONLY CESSED	
Fravel Advance Requested \$				Amount Date Receipt #		
I have read and understand the Cer (Included on the Instructions for C BY SIGNING THIS FORM, I AUTHORIZE PAYCHECK IF I FAIL TO RETURN MY A	Completing Travel A THE INSTITUTE	uthorization Form. TO DEDUCT AN N 60 DAYS OF R	.) NY ADVANCEN ETURNING FR	MENT RECEIVE OM MY TRIP.		
Traveler's Name (Print)		A	Account Number To Be Charged			
Signature of Traveler			Signature of Departmental Authority			
□ APPROVED □ DISAPP	ROVED	C	☐ APPROVED	☐ DISAPPRO	OVED	
Name	 Date	Name	e		Date	

AUTHORIZATION FOR OFFICIAL INSTITUTE TRAVEL

**Date:** \_\_\_\_\_