from. O			to key in the requeste	ed information.)	
Traveler's Name (Last/First/Middle)		Traveler's Vendor Number		Q&As Name/Number of Contact Pers	Rules
Travel To (Destination)		Travel Begin Date			
				Travel End Date	
Explain what the travel is for (Please be specific a		and do not rise accomms).			
Explain what the travel is for (Flease be s	specific	and do not use a	cronyms).		
		1			
Select the service / benefit provided to th University by this trip: Is the non-employee traveler a student?	ie	[Click on this b	ox and select from the o	drop down list]	Yes
Is this travel for In-State, Out-of-State or	Out-of-C	ountry?		In State	163
Is traveler a non-resident alien?		I	If a non-resident alien,		
If a non-resident alien, please mark "yes' Controller's			, continue to the Travel	Commitment section.	
Controllers	Office Ta.	x Specialist		- OK	
Travel Commitment (by Expense Type)			Specific Authorizations		
Air Fare		l	Over-Night Travel (include	ling lodging and meals)	Yes
Mileage			Excess Lodging Rates	otional Trina	Yes
Vehicle Rental Parking		1	Excess Meals For International Business Class Airfare F		No No
Other Ground Transportation		1	Vehicle Rental	or macmational mps	No
Conference / Registrations		1	Use of Private Vehicle		Yes
Lodging		1	Attendants for Handicap	ped Employees	No
Meals		1	Other Departmental Ite		
Other Travel Expenses					
Total Projected Expenses	0.00				
	FC	R OUT OF LINIT	ED STATES TRAVEL ON	IV	
		ACCOLOR CHILI	LD OTATEO TRAVEL OR		
If travel is for out of the United States question 3 either "yes" or "na". If yo SPARCS! If travel is within the	u need	to consult som	eone regarding these	questions contact the Comp	liance Officer at
List of Countries Please note the country you a	re traveli	ng to in the box to	the right:		
Have you reviewed the SPARCS web site re to comply with those laws and the personal cons				owledge your personal responsibility	
2 - Have you reviewed the US Secretary of State Health and Safety factors? (See links below)	e's web sit	e and the Center fo	r Disease Control (CDC) we	b site for Travel Warnings regarding	
3- If you plan to handle animals or visit farm or animal facilities, have you contacted the Institutional Animal Care and Use Committee (IACUC) web site regarding such activities and acknowledge your personal responsibility to comply with the guidelines, policies and					
procedures as outlined on that web site and the personal consequences of failure to comply? (See links below) SPARCS US Secretary of State CDC Homeland Security IACUC					
			y, Objectivity and Sec		IACCC
Compila	nce on	icer for integrit	v. Objectivity and oeci	unty in or Arco	
Signature by the traveler indicates the acknowledges that reimbursement is subtraveler Certification (Signature/Date):					
Tarons commonton (eignature zate).					
		For Dena	rtment Use Only		
If for a student, are state appropriated fu	nds bein			?	Yes
If yes, the travel must be at the the de activities supported by student activity funds, student fund-raising activity fu academic/course requirment not covere State funds from the following drop down	epartmei funds, a inds, or d by an	nt's request for thletic program activities that	"Official State Busines funds, student auxiliary constitute a personal	s" as defined in PRR REG 07. / funds, study abroad funds, c benefit to the student such	.65.03 and not for contract and grant as travel for an
[Click to select the reason for committin	g State i	funds from this o	rop down box:]		
Department Comments:					
Department Head Approval (Name/ Signa must approve directly and may not deleg				te funds are committed, the De	partment Head
Accounting Information: (Project(s) and	Parcente	age must be com	nleted)	Trip#	
Project(s) to be charged:	. ercenta		pioteuj	111p#	
Percentage		100.00%			
Amount		0.00	0.00	0.00	0.00

N C State University - Non-Employee Travel Authorization Form (AP104)

(This