



Travel Authorization and Business Advance Form

Upon approval by your Department Head, please submit this form to accountspayable@sva.edu for processing. This form must be completed within 30 days of the proposed travel dates.

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