Louisiana Transportation Research Center

OUT-OF-STATE TRAVEL APPROVAL REQUEST

LTRC USE ONLY	
DATE OF RECEIPT:	

	STATE PROJECT NO.:	
PART 1 TRAVEL REQUESTED		
1. PERSON(S) REQUESTING TRAVEL:	2. UNIVERSITY/AGENCY:	
3. ADDRESS:	4. DESTINATION/ITINERARY:	
5. DATE OF DEPARTURE:	6. DATE OF RETURN:	
7. PURPOSE OF TRAVEL (E.G. CONFERENCE ATTENDANCE/PRESENTAT	I TION, SITE VISIT, ETC.):	
8. EXPLANATION: EXPLAIN HOW THIS IS RELATED TO THE PROJECT TO	BE CHARGED	
9. LTRC PROJECT NO.:	10. PROJECT TITLE:	
11. TOTAL COST OF TRAVEL (INDICATE \$0 IF TRAVEL WILL BE REIMBURSED BY THIRD PARTY AND NO STATE CHARGES MADE):	12. IS THIS A BUDGETED ITEM?	13. IF NOT A BUDGETED ITEM, EXPLAIN:
\$	YES NO	
PART II APPROVAL		
RECOMMENDED BY GROUP MANAGER:		DATE:
RECOMMENDED FOR APPROVAL BY ASSOCIATE DIRECTOR, RESEARCH:		DATE:
RECOMMENDED FOR APPROVAL BY ASSOCIATE DIRECTOR, TECHNOLOGY TRANSFER:		DATE:
APPROVED BY DIRECTOR, LTRC:		DATE:
COMMENTS FOR DISAPPROVAL:		