

**LAFOURCHE PARISH**  
**TRAVEL AUTHORIZATION**

revised 6/28/2011 -gf-

<b>DEPARTMENT</b> <b>Building and Maintenance</b>	<b>DATE OF REQUEST</b> <b>03/06/12</b>	<b>EFFECTIVE DATE</b> <b>4/1/12-4/4/12</b>
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<b>SECTION</b>	<b>OFFICIAL WORK DOMICILE</b>	<b>TYPE OF AUTHORIZATION</b>
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I HEREBY CERTIFY THAT THE PRESCRIBED DUTIES OF THE POSITION AND THE INCUMBENTS THEREOF, AS SPECIFIED BELOW, NECESSITATE TRAVEL EXPENDITURES OF THE NATURE AND AMOUNT HEREIN SPECIFIED, FOR WHICH AUTHORIZATION IS HEREBY REQUESTED UNDER THE PROVISIONS OF LAW AND REGULATION.

<input type="checkbox"/> NORMAL	<input type="checkbox"/> ANNUAL/ROUTINE	<input type="checkbox"/> SINGLE TRIP
<input type="checkbox"/> STATE	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> OUT-OF-STATE
<input type="checkbox"/> AIRCRAFT	<input type="checkbox"/> QUARTERLY	<input checked="" type="checkbox"/> CONFERENCE/CONVENTION
		<input type="checkbox"/> SPONSORED <input type="checkbox"/> PERSONAL

\_\_\_\_\_  
MANAGER

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
COUNCIL CHAIR

\_\_\_\_\_  
PARISH ADMINISTRATOR

\_\_\_\_\_  
PARISH PRESIDENT

EMPLOYEE FILE NO.	NAME OF EMPLOYEE	TITLE OF POSITION	HOME ADDRESS
1263	JOHN SMITH	MANAGER	12345 STATE EMPLOYEE ROAD BATON ROUGE LA 70804

**PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (Continue on reverse side if necessary)**

To attend the state conference in Monroe LA on 4/1/12-4/4/12

<b>TRAVEL ALLOWANCES</b>	Travel Advance Requested <input type="checkbox"/> YES - AMOUNT \$	( COMPLETE REVERSE ) <input type="checkbox"/> NO
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TOTAL FOR MONTH OR TRIP	\$ <b>532.00</b>
TOTAL FOR QUARTERLY ENDING	\$
TOTAL FOR FISCAL YEAR	\$

I CERTIFY THAT THIS VOUCHER HAS BEEN EXAMINED, THAT THE PROPOSED EXPENDITURE IS AUTHORIZED BY APPROPRIATION AND ALLOTMENT AND DOES NOT EXCEED THE UNENCUMBERED BALANCE OF THE ALLOTMENT TO WHICH IT IS PROPERLY CHARGEABLE, THAT THE PRICES OR RATES ARE FAIR AND REASONABLE, AND THE TOTAL ESTIMATED COST HAS BEEN ENTERED AS A CHARGE AGAINST THE ALLOTMENT(S) AND APPROPRIATION(S) INDICATED ON THIS TRAVEL AUTHORIZATION.

FUND	ORG	OBJECT	PROJECT	AMOUNT

PUNCHED	VERIFIED	EXAMINED BY	_____ BY OR FOR COMPTROLLER/FISCAL OFFICER	_____ DATE
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Reimbursement for all travel expenses will be made in accordance with Travel Regulations prescribed by Chapter 2, Section 207 of the Lafourche Parish Code of Ordinances.

**PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (Continued from front)**

**DETAIL ESTIMATION OF TRAVEL EXPENSES (Must Be Completed For Travel Advance)**

AIR FARE (COACH CLASS)	(MUST BE COMPLETED ON ALL AIR TRAVEL AUTHORIZATIONS THRU OMF-ACCOUNTING SERVICES)				
PERSONAL CAR	<b>100</b>	MILES AT	<b>51</b>	cents per Mile	<b>\$ 51.00</b>
RENTAL CAR					
LIMOUSINE, TAXI, ETC.					<b>\$ 51.00</b>
SUBSISTENCE	LODGING	<b>2</b> nights	@	<b>\$ 99.00</b> /night	<b>\$ 198.00</b>
	MEALS	<b>4</b> days	@	<b>\$ 52.00</b> /day	<b>\$ 208.00</b>
TOLLS AND PARKING					
TIPS					
OTHER EXPENSES	REGISTRATION FEES				<b>\$ 75.00</b>
	MEMBERSHIP FEES				
	OTHER (Explain) <b>Misc. Expenses</b>				<b>\$ 75.00</b>
TOTAL ESTIMATED REQUIRED EXPENDITURES (carry to front of form)					<b>\$ 532.00</b>

**SPECIAL APPROVALS REQUIRED**

- WEEKEND TRAVEL
- VEHICLE RENTAL
- UPGRADE FROM COMPACT  
(3 OR MORE TRAVELERS ONLY)
- 25% ALLOWANCE
- USE OF PERSONAL VEHICLE
- OTHER (Please Explain):

I certify that this travel authorization is just and true in all respects; that the projections shown here are for official business only; and that the projected expenses will be incurred during official business of Lafourche Parish. I understand that my certification (in the form of my signature) indicates all requirements of the Parish are met and furthermore, I understand and agree to adhere to Chapter 2, Section 207 of the Lafourche Parish Code of Ordinances.

\_\_\_\_\_  
SIGNATURE OF PREPARER

\_\_\_\_\_  
DATE