

Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

SPEND AUTHORIZATION ATTACHMENT

AS292-A

This form is a required attachment to the Spend Authorization only if any of the three criteria below applies:

Traveler Information						
Traveler			Title			
Employee	☐ Employee		Student Employee LSU Graduate Student			
Non-Employee	☐ Guest		Interviewee Contract Vendor			
	☐ Participant		LSU Ur	ndergraduate Student	: 🗆	LSU Graduate Student
Contact			Phone		E-mail	
-				-		
Business Travel						
Departure Date						
Destination (City, State and/or Country is required) From: To:						
Purpose of Travel:						
1. Personal Travel Dates/Destination						
Does travel include personal travel days? The state of the s						
- If yes, please disclose the personal dates and travel destination(s). Travel costs may be limited to the lesser of a lowest						
logical airfare or a prorated amount. (See PM-13)						
2. Farrian Travel - UC Department of Clata Travel Advisor						
2. Foreign Travel – US Department of State Travel Advisory (Applies to all travel outside the 50 United States, District of Columbia, Puerto Rico, US Virgin Islands, America Samoa, & Guam)						
Is there a US Department of State Travel Advisory Level 3 or 4 for the destination? Yes No						
- If yes, complete additional required forms per the High Risk Travel procedures in place for your campus.						
- If yes, the High Risk Travel forms must be approved and attached to the Spend Authorization prior to submission.						
3. Travel Greater than 30 days						
	greater than 30 days at one business loc	atio	n?			☐ Yes ☐ No
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- If yes, the	e Cost Center Manager must add the ap	pro	priate Ad	l Hoc Approver as liste	ed in PM-1	13, Appendix B.