

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 one of the four criteria below applies:

Traveler Information									
Trave	1	Office	ition			Title			
Employee				Employee	_	nt Employee	LSU Graduate Student		
Non-Employee			Gue	st Interviewee	Contract Vendo	r Participan	t LSU Undergraduate Student	LSU Grad	duate Student
Conta	act					Phone	E-mail		
Busi	ness Tra	vel							
	Departur	e Date	9			Return Date			
	Destinat	ion		(City, State and/or C	ountry is required)				
	Fror	n:				To:			
Purpo	ose of Tra	vel:							
1 Da	rconol '	Trov	al Date	os/Dostination					
				es/Destination					
Does	travel inc	lude	persona	Il travel days?				Yes	∐ No
If yes,	please disclo	se the	personal	dates and travel destina	ition(s). Travel costs m	ay be			
limited	I to the lesse	er of a l	owest log	ical airfare or a prorate	d amount. (See PM-13)				
				Department of S					
(Appli	es to all tro	avel ou	itside the	e 50 United States, Di	strict of Columbia, P	uerto Rico, US Virgir	ı Islands, American Samoa, & Guam)		
•	Are U.S. [Depar	tment o	of State rates being	requested?			Yes	☐ No
				Department of S					
(Appli	es to all tro	avel ou	itside the	e 50 United States, Di	strict of Columbia, P	uerto Rico, US Virgir	ı Islands, American Samoa, & Guam)		
•			-	tate Travel Advisor				Yes	☐ No
	- If yes, complete additional required forms per the High Risk Travel procedures in place for your campus.								
	- If y	es, th	e High f	Risk Travel forms m	nust be approved a	and attached to th	e Spend Authorization prior to sub	mission.	
4 Tr	avel Gr	eate	than	30 days					
				•	ausinoss lasatis = 3			□ Vaa	□ Na
•		_		an 30 days at one l			l'	Yes	∐ No
	- It ves	, the	Lost Cer	nter Manager must	add the appropri	ate Ad Hoc Appro	ver as listed in PM-13, Appendix B.		