



**AUTHORIZATION REQUEST FOR PAYMENT OF  
TRAVEL EXPENSES FOR PROSPECTIVE EMPLOYEE**

I request approval to invite the following prospective employee to be interviewed on campus with the travel expenses to be paid from State funds in accordance with the provisions of Article 6823a, Vernon's Texas Civil Statutes, as amended by S.B. 1148, 65<sup>th</sup> Legislature, Regular Session 1977.

\_\_\_\_\_  
Name of Prospective Employee

\_\_\_\_\_  
Current Position

\_\_\_\_\_  
Date(s) on Campus

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Job Posting #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Department and Account Number to be Charged

\_\_\_\_\_  
Telephone#

( ) Airfare to be charged to ASU Business Travel Account

Estimated Airfare Expense \$ \_\_\_\_\_

( ) STAYBRIDGE to be paid by Purchase Order

Estimated Mileage Expense \$ \_\_\_\_\_

Please complete Online Requisition (Direct Bill).

Estimated Lodging Expense \$ \_\_\_\_\_

( ) Other Hotels to be charged to Business Travel Account

Estimated Meal Expense \$ \_\_\_\_\_

Please attach Hotel Confirmation (Paid on BTA).

Estimated Incidental Expense \$ \_\_\_\_\_

Name of Hotel: \_\_\_\_\_ Conf. #: \_\_\_\_\_

Total All Travel Expense \$ \_\_\_\_\_

Authorized position for which applicant is being considered: \_\_\_\_\_

Departmental Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that the provisions of the Affirmative Action Program and other applicable policies of Angelo State University have been followed in selecting and recommending the designated individual for an interview for the position shown above.

\_\_\_\_\_  
Head of Department Date

*The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Travel Office.*

**APPROVAL RECOMMENDED:**

**FUNDS AVAILABLE:**

\_\_\_\_\_  
Dean or Administrative Head of Department Date

\_\_\_\_\_  
Purchasing Date

\_\_\_\_\_  
Vice President Date