

## 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		Studen	t Employee		LSU Graduate Student
Non-Employee	🗆 Guest		Intervie	ewee		Contract Vendor
	Participant		LSU Un	dergraduate Student		LSU Graduate Student
Contact			Phone		E-mail	

Business Travel					
Return Date					
Destination (City, State and/or Country is required)					
To:					

	1. Personal Travel Dates/Destination					
	<ul> <li>Does travel include personal travel days?</li> <li>Yes</li> <li>No</li> </ul>					
	<ul> <li>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)</li> </ul>					
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2.	2. Foreign Travel – US Department of State Travel Advisory						
(Ap	(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.	3. Travel Greater than 30 days						
٠	Is the travel greater than 30 days at one business location?	🗌 Yes		No			
	- If yes, the Cost Center Manager must add the appropriate Ad Hoc Approver as listed in PM-13	Appendix B.					