

**Supreme Court of Virginia  
Travel Authorization Request Form**

<u>General Trip Information</u>		
Name	Court/Department	
Travel Start Date	Travel Return Date	Days Traveled
Hotel Name/Location	Nights in Hotel	
Destination	Mode of Travel	
Purpose of Trip		

<u>Estimated Cost of Trip</u>		
<u>Mileage</u>		
Total Round Trip Miles	Mileage Rate Per Mile	Total Estimated Mileage Expense
<u>Meals &amp; Incidentals</u>		
Daily Per Diem		Total Estimated M&I Expense
<u>Lodging</u>		
Nightly Rate w Taxes	Nightly	Trip Totals
Parking Expense		Total Estimated Lodging Expense
<u>Transportation</u>		
Plane or Rail Tickets		Total Estimated Transportation Expense
Rental Car		
Baggage Fees		
Taxi/Rideshare Expenses		
<u>Other Expenses</u>		
Description		
		<u>Total Estimated Trip Cost</u>

<u>Signatures/Approvals</u>			
By signing below, I certify that all expenses will be incurred while on official business of the Commonwealth of Virginia and only include necessary expenses.		By signing below, I certify that all expenses have been reviewed and approved for the conduction of business for the Commonwealth of Virginia.	
Traveler	Date	Supervisor/Director	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		(If Necessary)	
Fiscal Director	Date	Chief Justice/Executive Secretary	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>