



# Abraham Baldwin Agricultural College

## In-State Blanket Travel Form

I am requesting a blanket authorization for overnight in-state travel. I certify that I understand the policies and procedures in place for in-state travel. I also certify that travel is necessary and directly related to the conduct of College business.

**Employee:**

_____	_____	_____
Name (Printed)	Signature	Date

**Department Supervisor:**

_____	_____	_____
Name (Printed)	Signature	Date

**Dean/Vice President:**

_____	_____	_____
Name (Printed)	Signature	Date

**Vice President of Finance and Operations:**

_____	_____	_____
Name (Printed)	Signature	Date

Approval of this in-state blanket travel form is dependent upon all signature requirements listed above. Accounts payable will notify the employee and supervisor upon final approval of blanket in-state travel.