	Glenville State U	niversity Fleet Ti	ravel Authoriza	tion Form	
Date of Request:		Travel Dates:	TA#		
Name of Traveler (Group	o):				
Name of Unit:	Unit P-Cardholder:				
Destination:	Travel Purpose:				
Type of Vehicle Needed:					
		Jnit Funding Info	rmation		
Fund	Sub-Fund	Unit	Object	Sub-Object	Function Code
the second section	No the Control of the	Comments (If Ne	cessary)	SEC.	Control of the State
		Required Sign	atures		
Approved By:			Approved By:		
Traveler			Unit Head or Area Vice President		
Approved By:			Approved By:		
Grants & Compliance Director (if grant funded)			Fleet Manager (Cody Moore/Tom Ratliff)		

The Fleet Manger's signature signifies that the fleet vehicle listed is approved and arranged. NOTE: Fleet Vehicle assignments are assigned by the Fleet Manager and all fleet request must be processed by GSU Fleet Manager.