



LDH Travel Authorization (TA) Quick Guide

Who Needs a TA Form:

A Travel Authorization form is required for anyone traveling on official LDH business, including:

- LDH employees (routine or non-routine travel)
- Attending virtual or in-person conferences
- Affiliated board members

Tip: A separate form is required for each traveler, even if the trip has no cost.

What to Include on Your TA Form:

1. **Estimated Expenses** – Itemize all expected costs:
 - Airfare, vehicle rental, personal mileage
 - Lodging, meals, registration
 - Ground transportation, parking, luggage, other incidentals
 2. **Traveler Signature** – Confirms trip details and understanding of responsibilities. The signature date is your official TA request date.
 3. **Approvals** – Supervisor and agency delegated authority must sign. If one person holds both roles, both sections still need signatures.
 4. **Supporting Documents** – Attach all documentation:
 - Conference agenda, registration details
 - Lodging and rate info
 - Airfare and vehicle rental details
 - Mileage calculations, odometer readings, sponsorship info
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When to Submit Your TA:

- Complete and get approvals **before booking travel** or starting your trip.
- Submit to your supervisor early enough to allow:
 1. Supervisor review & approval
 2. Delegated Travel Authority approval
 3. CBA Travel Accountholder processing for any payments

Tip: Keep a copy for your records. Electronic copies are acceptable.

Need Help?

Contact the LDH Travel team directly: LDH_Travel@LA.GOV



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LOUISIANA DEPARTMENT OF HEALTH		Revised 08/2023
REQUEST FOR AUTHORIZATION TO TRAVEL		
** A Travel Authorization is Required For All Travel. **		
Traveler's Name, Title & Personnel #	1	Travel Dates (Departure - Return) 2
Agency Name & Section Name	3	Destination City & State 4
Traveler's Home Address	5	Traveler's Official Work Residence (Parish) 6
Type of Travel	<input type="checkbox"/> Routine In-State <input type="checkbox"/> Statewide <input type="checkbox"/> Out-of-State <input type="checkbox"/> Conference (In-State and Out-Of-State) <input type="checkbox"/> Workshop/Training/Seminar/Meeting (In-State and Out-Of-State) 7 <input type="checkbox"/> Sponsored	
Purpose Of Travel	8	

LaGov Expenditure Coding (* Required Codes)			
Business Area 9	Fund 10	Cost Center 11	G/L Account 12
Grant (required for Federal Fund Codes) 13	WBS Element (required for Grants) 14		
Internal Order (required for some Grants) 15	Statistical Order (required for some Grants) 16		

Estimated Expenses		Special Approvals/Justification/Requirements
17 \$	Airfare (lowest logical rate)	<ul style="list-style-type: none">Use of CBA Account is MandatoryAirfare must be booked through LA contracted agency (Enterprise/Enterprise National) No ExceptionsUse lowest logical airfare and book at least 10 days prior to travel (estimate up for changes that may occur before booking is secured)
18 \$	Vehicle Rental # of days @ daily rate \$	<ul style="list-style-type: none">Use of CBA Account is MandatoryRental Must Be Booked Through LA Contracted Agency (Enterprise/Enterprise National) No ExceptionsShould be Used for Travel Over 99 Miles If Fleet Vehicle is not AvailableRequires Prior Approval by Delegated Travel Authority (Approved: _____)
19 \$	Personal Vehicle Mileage miles @ GSA rate per mile (round down) \$ (If miles exceed 99, Traveler must confirm to supervisor that both fleet and rental vehicles were unavailable for each trip then add a comment in LEO to document that such vehicles were not available; if TA is for out-of-state travel, traveler must attempt to secure fleet and rental vehicle for each trip)	<ul style="list-style-type: none">Requires Proof of Mileage (e.g. Odometer Reading, MapQuest Mileage Calculator, etc.)Requires Prior Approval by Delegated Travel Authority if miles exceed 99 (Approved: _____)
20 \$	Lodging # of days @ applicable GSA rate \$	<ul style="list-style-type: none">Use of CBA Account is MandatoryConference Hotel Used (Check Box if Applicable) (Requires Receipts and Proof of Conference Hotel Designation and Rates)Up to 50% Overage Allowance for Routine Non-Conference Lodging (Check Box if Applicable) (Requires Receipts and Proof of Attempts to Obtain Best State Rates)
21 \$	Meals # of meals @ applicable GSA rate \$	<ul style="list-style-type: none">Must use GSA Rates for the Applicable Travel LocationReimbursement for the First and Last Days of Travel is Limited to 75% of the Total Mile Rate for the Applicable Travel Location
22 \$	Registration (per PPM40)	Use of CBA Account is Mandatory
23 \$	Ground Transportation (per PPM40)	Requires Itemized Receipts (Examples Include: Uber, Bus, Subway, Taxi, Shuttle, etc.)
24 \$	Parking (per PPM40)	Requires Itemized Receipts (per PPM40)
25 \$	Luggage (per PPM40)	Requires Itemized Receipts (1-5 Days = 1 Bag; 6+ Days = 2 Bags)
26 \$	Other Allowable Expenses (per PPM40)	Itemize Other Expenses and Amounts (Tips, Toll, Communication, etc.) (Itemized Receipts may be Required, per PPM40)
28 \$	Total Estimated Trip Expenses (under estimated costs require additional approval)	Supporting Documentation Required for Estimated Expenses: (e.g. Agenda, Registration, Conference Hotel & Rate, Right, Mileage Calculator, Odometer Reading, Itemized Receipts, etc.)

** Traveler must ensure all estimated expenses are in compliance with current PPM40 Travel Guidelines at: www.doh.la.gov/doh/ost/ppm-40-travel-guide/. **

Traveler Acknowledgements	
<ul style="list-style-type: none">I understand I must comply with all current PPM40 travel guidelines and LDH travel policies and procedures.If personal mileage reimbursement is for more than 99 miles, I attest that both a fleet vehicle and a vehicle rental were unavailable for each trip over 99 miles.I understand upon returning from my trip, I must reconcile and submit a Travel Expense (TE) Report for reimbursement of any out-of-pocket expenses to my Supervisor in accordance with my agency's internal deadline to ensure the LDH Travel office receives my Travel Expense Report within 30 days of the trip and date.I understand if my travel Expense Report is submitted late, it may be subject to non-reimbursement.I understand LDH's unused airline ticket policy.	
Traveler's Signature 29	DATE 30

APPROVALS		NAME & SIGNATURE	DATE
Traveler's Supervisor (required)	Name 31	Signature 32	33
Optional Approval (as required by agency)	Name 34	Signature 35	36
Delegated Travel Authority (required) (not the same as Approving Authority)	Name 37	Signature 38	39



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The LDH Travel Authorization form required to be completed as follows (note: the box references correspond to the numbered boxes shown in the sample TA form on the previous page):

- Box 1:** Traveler's Name, Title, Personnel Number
- Box 2:** Trip start and end dates
- Box 3:** Traveler's assigned agency and section name
- Box 4:** City and State of travel destination
- Box 5:** Traveler's home address
- Box 6:** Traveler's official work domicile and address
- Box 7:** Select type of travel attending
- Box 8:** Reason for trip (e.g. to attend XYZ conference)
- Box 9-16:** Enter LaGov Expenditure Travel Coding (confirm with Supervisor or budget section)
- Box 17:** Estimated airfare cost (lowest quote from state contracted Christophersen Travel Agency)
- Box 18:** Estimated vehicle rental cost (per state contracted agency Enterprise/National/Hertz at current year PPM49 rates)
- Box 19:** Estimated personal mileage costs (to and from home/domicile to airport or if traveling by personal vehicle to perform official state business;
if miles exceed 99: must confirm that both a fleet and rental vehicle were unavailable;
additional approval required by Delegated Travel Authority on TA form)
- Box 20:** Estimated lodging cost for overnight travel days (not to exceed current year PPM49 GSA rates)
- Box 21:** Estimated cost of meals for travel days (not to exceed current year PPM49 GSA rates)
- Box 22:** Estimated cost of registration fees
- Box 23:** Estimated cost of public ground transportation when expense incurred during approved travel
- Box 24:** Estimated cost of vehicle parking while on official business travel (per current PPM49 allowances)
- Box 25:** Estimated cost of checked baggage fees (per current PPM49 allowances)
- Box 26:** Estimated cost of other allowable expenses that may be incurred during travel
- Box 27:** Grand Total Estimated Expenses (attach a copy of all relevant information: hotel, registration, conference hotel rates, conference agenda, conference registration, flight itinerary, mileage calculator, etc.)
- Box 28:** Acknowledgments for Traveler to understand
- Box 29:** Traveler's Signature (to acknowledge accuracy of information and understanding of responsibilities)



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Box 30: Date of Traveler's Signature (Acceptable signatures are: Wet, DocuSign and Adobe stamped)

Box 31: Supervisor's printed name

Box 32: Supervisor's Signature (Acceptable signatures are: Wet, DocuSign and Adobe time/date stamped)

Box 33: Date of Supervisor's signature

Box 34: Optional Approver's printed name (if required by agency)

Box 35: Optional Approver's Signature (Acceptable signatures are: Wet, DocuSign and Adobe time/date stamped)

Box 36: Date of Optional Approver's signature

Box 37: Delegated Travel Authority's printed name

Box 38: Delegated Travel Authority's Signature (Acceptable signatures are: Wet, DocuSign and Adobe time/date stamped)

Box 39: Date of Delegated Travel Authority's signature

Travel Authorization form must be completed and approved before travel occurs and before any travel arrangements are booked