

REQUEST FOR TRAVEL AUTHORIZATION

Traveler Information *(attach additional pages if necessary)*

Name: _____ Department: _____

Campus Phone _____ E-Mail Address: _____

Date of Departure: _____ Date of Return: _____

Destination(s): _____

Purpose: _____

Additional Persons Traveling: _____

Maximum Funding Required: \$ _____ Account Number: _____

Anticipated Expense Breakdown *(attach additional pages if necessary)*

Lodging: _____ Nights at \$ _____ each = \$ _____

Meals: _____ Days at \$ _____ per day = \$ _____

Registration Fees: \$ _____

Transportation: Air Fare: \$ _____

Car Rental: \$ _____

Personal Car: \$ _____

Bus/Train: \$ _____

Car Service/Taxi: \$ _____

Other Costs: \$ _____

Is there any grant money or other external funding available for this trip?
No _____ Yes _____ If yes, how much? \$ _____

Total \$ _____

Authorizations

Traveler: _____ Date: _____

Chair/Director: _____ Date: _____
(Name – please print) (Signature)

Dean: _____ Date: _____
(Name – please print) (Signature)

VP/Provost: _____ Date: _____
(Name – please print) (Signature)