

## TRAVEL AUTHORIZATION FORM

TRAVEL PLANS MUST BE AUTHORIZED BY THE REQUIRED SIGNATURES BELOW PRIOR TO MAKING ANY TRAVEL ARRANGEMENTS.

| TRAVELER INFORMATION   |
|--|
| NAME: _____  |
| ID #: _____  |
| DEPARTMENT: _____  |
| <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER: _____ |
|  |

### BUSINESS PURPOSE

PURPOSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TRAVEL DETAILS

LOCATION (CITY, STATE, COUNTRY): \_\_\_\_\_ \*ATTACH ITINERARY IF MULTIPLE LOCATIONS

| ESTIMATE OF EXPENSES      | SUPPORTING DOCUMENTATION<br>(IF APPLICABLE) | TRAVEL DATE: _____ to _____ |
|---------------------------|---|-----------------------------|
| AIR TRAVEL      \$ _____  | <input type="checkbox"/> (Document upload)  |                             |
| GROUND TRAVEL _____       | <input type="checkbox"/> (Document upload)  |                             |
| LODGING _____             | <input type="checkbox"/> (Document upload)  |                             |
| PER DIEM _____            | <input type="checkbox"/> (Document upload)  |                             |
| OTHER _____               | <input type="checkbox"/> (Document upload)  |                             |
| TOTAL            \$ _____ |   |                             |

### PROVISIONS

BUDGET:

BUDGETED   
  NOT BUDGETED  
 AU ACCOUNT # TO BE CHARGED: \_\_\_\_\_

\_\_\_\_\_

FUND-ORG-ACCT-PROG-ACTIVITY

\_\_\_\_\_

FUND-ORG-ACCT-PROG-ACTIVITY

EXPENSE COVERED BY OUTSIDE ORGANIZATION  
 NAME OF ORG: \_\_\_\_\_  
 STATUS:   
  PAYMENT RECEIVED   
  BILL SENT   
  ACTION NEEDED

WORK:

THIS TRAVEL WILL NOT AFFECT MY WORK/SCHEDULE  
  
 THIS TRAVEL WILL AFFECT MY WORK AND I HAVE DISCUSSED THIS WITH MY DEPARTMENT SUPERVISOR AND MADE SATISFACTORY ARRANGEMENTS

### TRAVEL AUTHORIZATION AND FUNDING APPROVAL

|                              |      |           |
|------------------------------|------|-----------|
| <b>TRAVELER</b>              | NAME | SIGNATURE |
| <b>AUTHORIZED SUPERVISOR</b> | NAME | SIGNATURE |