

TRAVEL AUTHORIZATION

Traveler/Leader:

Email:

Event Dates:

TO:

Travel Dates:

TO:

Destination:

Purpose:

Type:

- Official Business
- Education & Training Seminars
- Conference & Conventions

Please choose one purpose of travel along with your Description.

Group Travel: Please check if there is 2 or more traveling together. (You must provide a list of all students traveling w/ ID# and Emergency Contact Information, on a separate sheet of paper.)

How are you traveling? Check box for pre-payment option as PO or T-card Estimated Costs PO T-card

Commercial Air

Private Vehicle Mileage: Miles X

University Vehicle

Rented Vehicle

Guest in a vehicle

Registration *(form required)*

Meals: Cost/Day X # Days

Hotel: Cost/Day X # Days

Other Expenses: Taxi, Parking, Fuel, etc...

Special Authorization required if hotel rates greater than federal per diem -Check one Box

- Conference Hotel Safety Other
- Save Costs Required

TOTAL

Travel Advance? YES NO

Account/s to be charged:

Approvals:

