



TRAVEL AUTHORIZATION REQUEST

Travel Request Date: _____
 Travel Request Number: _____

Employee Name: _____ R #: _____ Title: _____

Faculty Staff Unit Name: _____

Fund: _____ Org: _____ Acct: _____ Pgm: _____ Phone Ext: _____

Non-faculty only Request for Approval for Attendance at Events form received

Reason for Travel: _____

Departure Date: _____ Return Date: _____

Destination: _____

Other Employees Traveling: _____

Travel Description	Estimated Cost	
	<u>Reimbursement</u>	<u>P Card Charge / Purchase Order</u>
Means of Travel <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Car Rental <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> College Vehicle Personal/College Vehicle: Estimated Mileage: _____ College Vehicle: Dates Needed: _____ Car Rental: Dates Needed: _____		
Hotel Dates Needed: _____		
Meals (enter number of each required) Breakfast: _____ Lunch: _____ Dinner: _____		<i>Not Applicable</i>
Other Costs (explain fully) _____		

Reimbursement Amount	
Total Cost of Trip (Reimbursement + P Card)	
Approved Amount	

_____/_____
 Print Name Signature
Approved Expenditure – Unit Head

_____/_____
 Print Name Signature
Approved Expenditure – Division VP