



## 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>
<b>Means of Travel</b> <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: _____		
<b>Hotel</b> Dates Needed: _____		
<b>Meals</b> (enter number of each required) Breakfast: _____ Lunch: _____ Dinner: _____		<i>Not Applicable</i>
<b>Other Costs</b> (explain fully) _____ _____		

<b>Reimbursement Amount</b>	
<b>Total Cost of Trip (Reimbursement + P Card)</b>	
<b>Approved Amount</b>	

\_\_\_\_\_/\_\_\_\_\_  
 Print Name                      Signature  
**Approved Expenditure – Unit Head**

\_\_\_\_\_/\_\_\_\_\_  
 Print Name                      Signature  
**Approved Expenditure – Division VP**



**Request for Approval for Attendance at Events**  
**Faculty Use Only**  
**Approval from Employee Relations NOT Required**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Ext #: \_\_\_\_\_

Event: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Date: \_\_\_\_\_

Overnight accommodations required? YES  NO

Out-of-state travel required? YES  NO

Estimated Cost: \_\_\_\_\_

College to pay cost? YES  NO

Sponsor to pay cost? YES  NO

Employee to pay cost? YES  NO

Reason for attendance: \_\_\_\_\_

Has sponsor offered an honorarium or fee? YES  NO  Amount: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

Class Coverage? YES  NO  Please describe: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean Signature Date

**NOTE: This form must be retained in the School for five (5) years.**