
REQUEST FOR TRAVEL AUTHORIZATION FORM

Requestor's Name: _____

Date(s) of Travel _____

Department Name: _____

Contact Number#: _____

City of Origin: _____

Destination: _____

Estimated Expenses:

| | |
|-----------------------|----------|
| Registration | \$ _____ |
| Airline Ticket | \$ _____ |
| Hotel | \$ _____ |
| Ground Transportation | \$ _____ |
| Meals | \$ _____ |
| Other (specify) | \$ _____ |

TOTAL ESTIMATED EXPENSES \$ _____

Account Number to Charge: _____

Travel Justification must include one or more of the following:

- Describe need/benefit to the University (Include in the purpose of the trip)
 - Required travel by granting agency if applicable (attach appropriate page of budget)
 - Required for professional licensure relevant to position(s) held (include in purpose of trip)
 - Describe detriment to the University for failure to attend/participate (include in purpose of trip)
 - Requisitions and/or check requests should be submitted with the request for travel authorization. If requisitions or check requests are not included at the time of submission, the approved authorization form must be attached when they are submitted for purchase order or payment.
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Travel Justification:

Describe arrangements made to cover job responsibilities: (teaching, administrative and other)

Provide contact numbers where you may be reached during the period of travel:

Signature of Requester: _____

Approval of Department Head: _____

Approval of the Dean: _____

Approval of the Vice-President : _____

Approval of PI/Grants Office (if applicable): _____

Approval of CFO: _____

Approval of Provost (if applicable): _____

Approval of President (if applicable): _____