

TRAVEL AUTHORIZATION REQUEST

Please fill in all relevant information and return to your Department Administrative Assistant

Traveler: _____ V number: _____

Purpose of trip/funding request: _____

How are your classes being covered? _____

Dates & Time of trip: Leave: _____ Time: _____ Return: _____ Time: _____

Destination: _____

Estimated cost: Air fare: _____ Hotel: _____

Mileage: _____ No of Meals: _____ Br _____ Lunch _____ Dinner _____

Special fees: Conference or registration: _____ Other: _____ Amount: \$ _____

Other expenses: For: _____ Amount: \$ _____

For: _____ Amount: \$ _____

Total estimated cost: \$ _____ Total amount requested: \$ _____ Budget #: _____

Traveler/requestor _____ Date _____

Chair _____ Date _____

☐ approved / amended
☐ denied

Dean _____ Date _____

☐ approved / amended
☐ denied

Partial/additional funding: \$ _____

Also applied for funding from: _____