

Travel Authorization

Traveler Name: _____

V#: _____

Date of Request: _____

Trip Title: _____

Destination: _____

Depart date and time: _____

Return date and time: _____

Estimated Cost: _____

Budget to be charged: _____

Entertainment while traveling? YES NO

Alcohol purchase? YES NO

Purpose of travel, how it relates to the university and who is participating

Name of person responsible for the budget to be charged _____

V# of person responsible for the budget to be charged _____

This information will be entered into the electronic approval system. You will receive an e-mail from Accounts Payable with a link to approve this information. The person with budget oversight will also approve the travel authorization electronically.

REMINDERS Advising: Notify main office of an advising proxy for your absence during academic deadlines

Financial: Notify your timesheet approver proxy of your absence

Notify financial staff of a purchasing card proxy for your absence

Office Use: Entered Date _____ Final Approval Date _____

COS 00009301 BioFaculty 00918759