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 Lunc	h Dinner
Special fees:	Conference or registration:	Other:		Amount: \$
Other expenses:	For:			Amount: \$
	For:			Amount: \$
		Total amount reques	ted: <u>\$</u>	Budget #:
Traveler/requesto	or	Date		
Chair		Date		approved / amended denied
Dean		Date		approved / amended
Partial/additional	funding: \$			denied
Also applied for f	unding from:			