

**REQUEST FOR
TRAVEL AUTHORIZATION**

Traveler _____

Travel Auth #: _____

EMPL ID _____

Description: _____

Comments: _____



Business Purpose:

Benefit:

Disposition of Duties:



Travel

- _____ Attend meeting, conf, etc
- _____ Fund Raising
- _____ Lecture/Teach Course
- _____ Negotiate a Contract
- _____ Other (Specify)
- _____ Participate/Officiate Event

- _____ Perform Research Activity
- _____ Present Original Research Paper
- _____ Prospective Employee
- _____ Recruit Prospective Employee/Student
- _____ Serve as Expert Witness
- _____ Site or Field Visit

- _____ Enhance University Operations
- _____ Enhance University Reputation
- _____ Enhance Grad/Undergrad Curriculum
- _____ Enhance Job Duty Performance
- _____ Help Meet Contract Provisions
- _____ Help Meet Research Objectives
- _____ Other (specify in comments)
- _____ Raise Faculty/Student Support Funds

- _____ Duties assumed by colleagues
- _____ Duties held until return
- _____ Duties require travel
- _____ No classes missed
- _____ Other (specify in comments)



Destination(s): _____

Travel Dates: From _____ Through _____

<p>*Are you doing business in Washington, DC? _____ Yes</p> <p>Purpose: _____</p>
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Estimated Cost:

Personal Mileage (0.54/mile)	_____	
Rental Car	_____	
Flight	_____	
Hotel	_____	
Food	_____	
Incidental Expense	_____	
Total	_____	

Paid by employee / must request TE
 approved/paid University Card in VPBA office
 approved/paid University Card in VPBA office
 approved/paid University Card in VPBA office
 Actual cost (no per diem rates)
 Paid by employee / must request TE

Cost Center: _____



Signature Approvals:

Traveler _____
Date

Budget Head/Dean _____
Date



Travelers must be aware of all travel guidelines. Original itemized receipts must be submitted for reimbursement.