

Travel Authorization Request

This form must be approved by the traveler's supervisor PRIOR to submitting a travel requisition to Finance and Accounting (F&A) and incurring any travel expenses.

WHO

Name _____ Title _____ Department Name _____	<table style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="text-align: center; font-size: small;">Fac</td> <td style="text-align: center; font-size: small;">A&P</td> <td style="text-align: center; font-size: small;">USPS</td> <td style="text-align: center; font-size: small;">OPS</td> <td style="text-align: center; font-size: small;">Other</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Pay Class _____ Employee ID# _____	Fac	A&P	USPS	OPS	Other					
Fac	A&P	USPS	OPS	Other							

WHERE

Travel Period / / to / /
MM DD YY MM DD YY

Destination _____

WHAT

Event Name and Description

WHY

Travel Benefit

HOW MUCH

Funding Department/Project Number(s) _____

Source	<u>E&G</u>	<u>C&G</u>	<u>Aux</u>	<u>Other</u>	<u>Total</u>
Estimated Amount	\$	\$	\$	\$	\$

APPROVAL

Traveler:	Date:
Supervisor:	Date:
Chair/Associate Dean:	Date:
COM Finance & Accounting:	Date: