



TRAVEL AUTHORIZATION FORM

Check one: In-State Out-Of-State Foreign

Individual Requesting Travel:

Dept:

Please Return to:

Purpose of Trip and Destination:

Date Travel Begins:

Date Travel Ends:

Travel Costs	Total Estimated Costs	Total Approved Costs (only if different from estimated costs)
Registration	\$	\$
Airfare	\$	\$
Hotel	\$	\$
Meals & Incidentals	\$	\$
Ground Transportation (taxi, limo, shuttle, bus, rental car, gasoline, etc.)	\$	\$
Other (baggage fees, parking, tolls, internet, etc.)	\$	\$
Vehicle Mileage _____ miles @ 54.5 cents /per mile (2018 year)	\$	\$
Total Costs:	\$	\$

FINANCIAL INFORMATION

GL Fund/Unit #:	Amount To Be Charged
1.	
2.	
3.	
4.	

Traveler's Printed Name and Signature

Date

Supervisor's Printed Name and Signature

Date

Budget Mgr's Printed Name and Signature

Date

Dean's Printed Name and Signature (if applicable)

Date

VP/President Printed Name and Signature (if applicable)

Date

Grants, Contracts, & Compliance approval (if sponsored program)

Date

Instructions:

1. Form to be completed/signed by traveler.
2. Attach documentation showing "who, what, when, where, why."
3. Return form to the department assistant, unless otherwise noted.
4. Within 10 business days from the return of travel, attach original Travel Authorization Form and original receipts to the Travel Expense Report.