

REQUEST FOR TRAVEL AUTHORIZATION

DEPT. OF SURGERY - INTERNAL USE

Dept. Control Ref. (8 pos. Max.)
Travel PO No.

Part A - General Information

Date: _____		Division: _____		Account to be charged: _____	
Employee's Name: _____				Employee's SSN: _____	
Employee's Home Address: _____				Employee's Phone: _____	
Reason for Travel:		Method of Travel:		Give Destination and explain purpose for trip (note group travel restrictions on reverse side)	
<input type="checkbox"/> State Business		<input type="checkbox"/> Airline			
<input type="checkbox"/> Conference/Convention		<input type="checkbox"/> Rail			
<input type="checkbox"/> Research		<input type="checkbox"/> State Vehicle			
<input type="checkbox"/> Staff Training/Develop		<input type="checkbox"/> Private Vehicle			
<input type="checkbox"/> Student Teaching		<input type="checkbox"/> Other			
<input type="checkbox"/> Other					

Part B - Travel Description

DEPARTURE			ARRIVAL			ESTIMATED COST
CITY	DATE	TIME	CITY	DATE	TIME	
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME OF HOTEL*		DATES NEEDED	TOTAL # OF NIGHTS	PER DIEM / 150% APP	<input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE	0.00
*LODGING OVERAGE TO BE PAID FROM _____ -						
NAME OF CAR RENTAL COMPANY		DATES NEEDED	TOTAL # OF DAYS NEEDED			
MEALS: ARRIVAL (75%)	DEPARTURE (75%)	FULL DAYS (100%) LESS ANY MEALS PROVIDED, IF APPLICABLE				0.00
<input type="checkbox"/> GROUND TRANSPORT AT DESTINATION		PRIVATE VEHICLE: _____ (# OF MILES) X .3249 (MILEAGE RATE)				
OTHER: REGISTRATION	PARKING	TOLLS	TAXI			0.00
TOTAL ESTIMATED COST of TRAVEL						0.00
TOTAL REIMBURSEMENT by DEPARTMENT						0.00

Part C - Department Certification

TRAVELER'S RESPONSIBILITIES

I certify that the charges to be made are reasonable, will be in accordance with State Travel Regulations, and will be limited to those required in an official capacity.

SIGNATURE OF TRAVELER: _____ **DATE:** _____

THIS SECTION FOR USE BY UNIVERSITY EMPLOYEES ONLY. APPROVAL SIGNATURES AS REQUIRED BY DEPARTMENT POLICY. I request a TRAVEL ADVANCE in the amount of \$_____. TRAVEL ADVANCES are ISSUED FIVE (5) DAYS PRIOR TO DEPARTURE TIME with repayment SIXTY (60) DAYS FROM DATE ISSUED. The cost of all airfare is charged automatically and should not be included in above advance.

I AUTHORIZE the UNIVERSITY to DEDUCT this ADVANCE from my Paycheck, if I fail to return my advance within NINETY (90) DAYS OF THE RETURN from my Trip.

TRAVELER'S SIGNATURE FOR ADVANCEMENT	DATE ADVANCE REQUIRED
PRINCIPAL INVESTIGATOR	DATE
DIVISION CHAIR	DATE
DEAN OF SCHOOL	DATE
SUPERVISOR'S SIGNATURE	DATE
DEPARTMENT HEAD / DESIGNEE	DATE