TRAVEL AUTHORIZATION REQUEST

TRAVELER NAME [ ]   **EMPLOYEE ID** [ ]

DESTINATION (CITY, STATE) [ ]   **TRAVELER SIGNATURE** [ ]

BUSINESS PURPOSE _____

_____

BENEFIT TO UNIVERISTY_____

_____

Date From: [ ]   **Date To:** [ ]   **Departure Time:** [ ]   **Return Time:** [ ]

funding source: Fund#   Function #   Department #   Program Code   Object#

Meals per day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Breakfast @ $9.00 Departure before 6 a.m.										
Lunch @ $14.00 Departure before 12 noon										
Dinner @ $25.00 Departure before 6 p.m.										
Per Diem										
TOTAL Per day										

*Please check if **cash advance** requested   yes   no*   **TOTAL FOR MEALS** [ ]

Hotel/Lodging: # of Days [ ]   Amount / Per day [ ]   = **TOTAL FOR LODGING** [ ]

Transportation: Auto Rental [ ]   Airfare [ ]   = **TOTAL FOR TRANSPORTATION** [ ]

Mileage: Map [ ]   Vicinity [ ]   X Rate [ ]   = **TOTAL FOR MILEAGE** [ ]

Incidentals: Parking/Tolls: Registration: = **TOTAL FOR INCIDENTALS** [ ]

_____

Supervisor/Director/Dean   **Date**   **TRAVEL AUTHORIZATION TOTAL** [ ]

_____

Vice President/President   **Date**