

## TRAVEL AUTHORIZATION FORM

Authorization to travel must be prepared and submitted for signatures before expenditures are incurred

Date Prepared:	Contact Name:	Ext:
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Traveler's Name	School	Dept:
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### PURPOSE OF TRAVEL

Name of Additional Travelers whose expenses will be incurred from this trip:

### ITINERARY

Air:            Car:            Other:

If more than one destination, please list dates and location for all departures and arrivals

Date:	Depart:	Arrive:

Will any personal travel be involved?    Yes     No     If so, list beginning and ending dates and destinations

Date:	Depart:	Arrive:

All additional costs for personal travel will be the responsibility of the traveler whom this form has been approved.

### Budget Information

Funds for this trip will be made available from:    School:     Grant:     Other:  (Specify):

Estimated Expenses:	Transportation:	Lodging:	Meals/Ent:	Miscellaneous
	\$	\$	\$	\$

### Account Information

Account #:	Account#
Budget Allowance for Year \$	Budget Allowance for Year \$
Amount Available: \$	Amount Available: \$
Charges not yet posted: \$	

### Signatures

<b>Budget Officer:</b>	Date:
Print Name:	Title:
<b>Dean's Authorization:</b>	Date:
<b>Provost's Authorization:</b>	Date:

**All Authorization Signatures Are Required**

**Original Travel Authorization Form Must be Attached to All Travel/RFC Reimbursement Forms**