

REQUEST FOR AUTHORITY TO TRAVEL
ON OFFICIAL UNIVERSITY BUSINESS

This signed form must be attached to final Travel Expense Statement involving reimbursement and absence from campus.

Budget Manager: Peggy Stepanek Deans Office, RM 2254, P.O. Box 8002

Employee ID Number _____ P.O. Box _____ Department _____

Traveler's Name _____

Purpose of Trip and _____
Points to be Visited _____

Date(s) Absent from Campus _____

Date(s) of Trip _____

DEPARTMENTAL CHART OF ACCOUNTS			
SPEEDCHART (5 Digits)	ACCOUNT (6 Digits)	PROJECT If applicable (3-10 Digits)	AMOUNT
TOTAL			

ESTIMATED COST	
CAR RENTAL	
AUTOMOBILE	
COMMON CARRIER	
LODGING	
MEALS	
REGISTRATION FEES	
TOTAL ESTIMATED	

PARTIAL PAYMENT APPROVAL
_____ is the maximum amount the department will reimburse the traveler.
AGREED _____ (Signature of Traveler)

TRAVEL REQUEST	APPROVED	DENIED
Reason for Denial _____	Insufficient Funds _____	
	Incorrect Acct. No. _____	
	Unauthorized Signature _____	
		Other _____

1. TRAVELER _____ DATE _____

2. DEPARTMENT CHAIR _____ DATE _____

3. BUDGET MANAGER _____ DATE _____

VICE-PRESIDENT _____ DATE _____
(Applicable VP's signature required for Non-Faculty Out-Of-Country Travel)

PROVOST _____ DATE _____
(Provost's signature required for Faculty Out-of Country Travel)