A&S Authorization for Travel

Authorization is required for all University-related travel

Department:	Date of Request:		
Name of Traveler:		Title:	_
Destination(s):			
Dates of Travel:			
Purpose of Trip:			-
How are your duties be	eing covered during your absence?		
·	de any personal time? If so, please list dates		
ITEM	COMMENT(S)	METHOD OF PAYMENT (Personal, Concur Travel, Procard, etc.)	PROJECTED EXPENSE \$
Airfare			
Lodging (including est. taxes)			
Rental Car	National or Enterprise only		
Meals	Per Diem		
Mileage/Gas			
Registration			
Other (parking, taxis, baggage, etc.)			
Insurance	Required for international travel \$16.95/we	ek	
		TOTAL REQUESTED	
		TOTAL AUTHORIZED (completed by the person authorizing travel)	
Iditional Comments: _			
	necessary for the traveler named above to I travel expenses must comply with current		
aveler's Signature:		Date:	
pervisor's Signature: _		Date:	
OFFICE USE ONLY - FU			
Speedtype	Amount	Funding Source Authorization Signature	