UNIVERSITY of West Georgia

Travel Authorization – Non Employee

☐ In State ☐ Out of State

☐ Student ☐ Foreign

☐ Group/Other: (Write name below)

_____

Date: _____ Division/Department: _____

Full Traveler Name: _____ Student ID: _____
(As appears on passport or Drivers License)

Address: _____

City / ST / ZIP _____

Travel Description:

		Destination		
Depart Date	Return Date	City	State	Country

Travel Purpose: _____

_____

Required for Candidate Travel Only

Title of Presentation: _____

Position for Consideration:

Open Position:
☐ Faculty
☐ Senior Administrator

Transportation Preferences

Preferred Carrier	Seating (Aisle/Window)	Preferred Departure Time	Preferred Return Time

Estimated Cost

Lodging $ _____

Meals $ _____

Registration $ _____

Misc/Other $ _____

Airfare or other Common Carrier $ _____ (Not To Exceed)

Personal Auto:
Miles _____
Rate _____
Cost $ 0.00

Rental Car $ _____

Total $ 0.00

Account Distribution:

	Fund	Dept Id	Program	Class	*Project**	Amount
Ln 1						
Ln 2						

** Requires approval of Sponsored Operations*

Approving Official

_____ _____ _____
Print Name Signature Date

Research & Sponsored Projects (If Required) _____ _____
Signature Date

Required for Candidate Travel Only Approving Dean/Vice President

_____ _____ _____
Signature Print Name Date

TA Form 52312