



Travel Authorization – Non Employee

<input type="checkbox"/> In State	<input type="checkbox"/> Out of State
<input type="checkbox"/> Student	<input type="checkbox"/> Foreign
<input type="checkbox"/> 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: _____

<i>Required for Candidate Travel Only</i>	
Title of Presentation: _____	Open Position: <input type="checkbox"/> Faculty <input type="checkbox"/> Senior Administrator
Position for Consideration: _____	

Transportation Preferences

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

Estimated Cost

Lodging	\$ _____	Airfare or other Common Carrier	\$ _____ (Not To Exceed)
Meals	\$ _____	Personal Auto:	
Registration	\$ _____	Miles	_____
Misc/Other	\$ _____	Rate	_____
		Cost	\$ _____
		Rental Car	\$ _____
Total		\$ _____	

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

<i>Required for Candidate Travel Only</i>		Approving Dean/Vice President
Signature _____	Print Name _____	Date _____