



<input type="checkbox"/> Faculty	<input type="checkbox"/> In State
<input type="checkbox"/> Staff	<input type="checkbox"/> Out of State
<input type="checkbox"/> Mileage (Only)	<input type="checkbox"/> Foreign

Travel Authorization - Employee

Date: _____ Division/Department: _____

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

Employee ADP #: _____ Phone: _____

Travel Description:

		Destination		
Depart Date	Return Date	City	State	Country

Travel Purpose: _____

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						
Ln 3						

** Requires approval of Sponsored Operations*

Approving Official

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