

TRAVEL AUTHORIZATION / REIMBURSEMENT REQUEST FORM

I. TRAVELER DATA:

Name _____
 Home Address _____

Department _____
 Telephone Extension _____

II. TRIP DATA:

Dates _____ Location/Destination _____
 Purpose of Travel _____

EXPENSE DATA:

III. Travel Authorization

IV. REIMBURSEMENT AMOUNTS

Estimate	Expense Type/Date															Total
\$	Conference/Fees															\$
\$	Air/Train															\$
\$	Rental Vehicle															\$
\$	Hotel (Lodging only)															\$
\$	Meals*															\$
\$	Detail Sheet**															\$

\$	Grand Totals	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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Proposed Accounts:

\$
\$
\$
\$
Travel Authorization
Traveler _____ Date _____
Supervisor _____ Date _____

* Attach receipts if daily total exceeds \$60
 ** Attach detail sheet for mileage. Include receipts if total for taxis, parking and tolls exceed \$25

Prior Payments _____
 Account Distributions _____

Account: _____ \$ _____
 Account: _____ \$ _____
 Account: _____ \$ _____
 Account: _____ \$ _____

Reimbursement Authorization
 I certify that the expenses listed above were actually incurred and were necessary to fulfill the mission of the university.

Traveler _____ Date _____	Chair (All Travel) _____ Date _____	Dean (\$1,501-\$3,500) _____ Date _____
Provost/VP (\$3,501-\$10,000) _____ Date _____	President (\$10,001+) _____ Date _____	Budget Controller (All Travel) _____ Date _____

Disposition of Check: _____ Mail to Above Hold for Pickup