

TRAVEL AUTHORIZATION / REIMBURSEMENT REQUEST FORM

I. TRAVELER DATA:

Name _____ Department _____
 Home Address _____ 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														

Proposed Accounts:	
\$	
\$	
\$	
\$	
Travel Authorization	
Traveler	Date
Supervisor	Date

* Attach receipts for all meals, unless \$60 per diem rate is requested.
 ** 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 _____