



**COLLEGE OF ARTS & SCIENCES**

**Travel Authorization**

Date: \_\_\_\_\_

*This form should be in the Dean's Office at least 45 DAYS prior to your departure.*

Last Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Ext. \_\_\_\_\_

First Name: \_\_\_\_\_ Date/Time of Departure: \_\_\_\_\_

Title: \_\_\_\_\_ Date/Time of Return: \_\_\_\_\_

Destination/Purpose: \_\_\_\_\_

Names of other person(s) accompanying you in the same car: \_\_\_\_\_

Names of other person(s) attending the same meeting: \_\_\_\_\_

*If more space is needed, please attach a separate sheet.*

**TRANSPORTATION INFORMATION**

\_\_\_ Public Transport (air, bus, etc.) \_\_\_ Car Rental

\_\_\_ University Vehicle \_\_\_ Personal Car

Vehicle License No. \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Alternate Driver: \_\_\_\_\_

| FUNDING SOURCE | ACCOUNT # | AMOUNT |
|----------------|-----------|--------|
|                |           |        |
|                |           |        |
|                |           |        |
|                |           |        |

**ESTIMATED EXPENSES: Amount**

Miles: \_\_\_\_\_ Rate: \_\_\_\_\_

Public Transport: \_\_\_\_\_

Per Diem: \_\_\_\_\_

Lodging: \_\_\_\_\_

Car Rental: \_\_\_\_\_

Registration Fees: \_\_\_\_\_

Parking: \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

| Class | Time | Arrangements during absence |
|-------|------|-----------------------------|
|       |      |                             |
|       |      |                             |
|       |      |                             |
|       |      |                             |

**REQUIRED SIGNATURES:**

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_