



Travel Authorization Form

Date:

Traveler Name:

Employee: Yes No

Mailing Address:

Email:

Department:

Travel Start Date:

Travel End Date:

Travel From (City/State):

Travel To (City/State):

Business Purpose:

Important Travel Details/Requests:

Estimated Travel Costs			
Expense Type	Pcard Charge	Reimbursable Expense	Personal Expense
Personal Vehicle - Mileage			
Rental Car			
Commercial Airfare			
Lodging			
Meals			
Registration Fees			
Miscellaneous (parking, taxi, etc.)			
Total			
		Grand Total	

State DA:

Foundation Fund:

Traveler:

Supervisor:

Date:

Date:

Dean:

Date:

Completed form should be submitted to department 30 days prior to any travel arrangements being made.