TRAVEL AUTHORIZATION FORM TRAVELER INFORMATION EMPLOYEE NAME: **EID /STUDENT ID #:** DUTY POST: _____ TYPE: EMPLOYEE STUDENT DCC RESEARCH / BUSINESS PURPOSE SUBMIT ATTACHMENT: EVENT ANNOUNCEMENT FLIGHT ITINERARY LODGING INFO ACCOUNTING INFORMATION TRAVEL ADVANCE NEEDED: PAID BY HOST: **INSTITUTE:** ADVANCE AMOUNT: \$ ACCOUNT NUMBER: UNIT: ACCOUNT AND/OR UNIT RESPONSIBLE FOR ANY CHARGES IF INCURRED TRAVEL ADVANCE:10 DAYS TO PROCESS/ ISSUED 5 BUS, DAYS BEFORE DEPARTURE/ RECEIPTS ARE DUE WITHIN 30 DAYS OF RETURN TRAVEL DETAILS FY BLANKET TRAVEL: START DATE - END DATE ___ MILES FROM DUTY POST TRAVEL TYPE: IN-STATE DOMESTIC (MUST BE 35 MILES FROM HOME/DUTY POST) FOREIGN REGISTRY#: (MUST BE FULLY SUBMITTED & APPROVED 30 DAYS PRIOR TO TRAVEL) **PRIMARY DESTINATION:** CITY STATE COUNTRY CITY/STATE/COUNTRY CITY/STATE/ COUNTRY DEPARTING FROM: RETURNING FROM: DEPARTURE DATE: RETURN DATE: **30 DAY TRAVEL:** NUMBER OF WORK DAYS: *IF WORK DAYS EXCEEDS 30: DAY 1 THRU 7 WILL BE REIMBURSED AT THE FULL POLICY

*COST COMPARISONS ARE REQ. AT TIME OF PURCHASE IF NOT A RATE & AFTER IT WILL BE 50% MEALS / 25% LODGING * **EXCEPTIONS DESIGNATED LODGING:** JUSTIFICATION/REASON: (EX. CAR UPGRADE/AIRLINE UPGRADE/EXTRA BAGGAGE) MODE OF TRANSPORTATION: PERSONAL VEHICLE MOTOR POOL VEHICLE RENTAL CAR P-CARD PURCHASE: **AIRPLANE** WITH INTERNATIONAL TRAVEL THE "FLY AMERICA ACT" APPLIES / AN EXPLANATION IS REQUIRED FOR ALL TYPES OF UPGRADES

TRAVELER AGREEMENT AND FUNDING APPROVAL

DATE