

Date:

TRAVELER & DEPARTMENT INFORMATION								
NAME				DEPARTMENT NAME		DEPART	MENT NO.	
EMPLID					DEPARTMENT PO BOX ADDRESS ROC		IUMBER	
				CONTACT NAME/TITLE		PHONE I	NUMBER	
EMPLOYEE	STUDE	NTOTHER						
TRAVEL ORDER								
BUSINESS PURPOSE OF TRIP: (conference dates) IN-STATE OUT-OF-STATE INTERNATIONAL*								
FUNDING SOURCE:								
MODE OF TRANSPORTATION: DU					ITY POST:	Y POST:		
CITY, STATE DEPARTING FROM:					EPARTURE DATE:			
CITY, STATE RETUI				RETURN DATE:				
** ATTACH ITINER	RARY IF I	MULTIPLE LOCATIONS **		DE	DESIGNATED LODGING: YES NO			
EXCEPTIONS * INTERNATIONAL TRAVEL								
☐ Vehicle taken out of state: ☐ State-owned ☐ Rental ☐ Pr☐ Long-term travel status (if travel will exceed 30 days, state re				vate ason)	☐ INTERNATIONAL TRAVEL REGISTRY #:			
Personal time taken (state reason and how long)					If you are traveling internationally, you must			
Use of other than coach/economy travel on commercial airlines (sta					register your trip through the UA International Travel Registry prior to departure:			
☐ Miscellaneous – explain JUSTIFICATION / REASON:				http://ua-risk.terradotta.com				
					If your destination the U.S. State Dep "Supplemental A Warning Areas" a Authorization. Ch	TRAVEL WARNING COUNTRY If your destination has a Travel Warning issued by the U.S. State Department, you must submit a "Supplemental Authorization Form for Travel Warning Areas" along with this Travel Authorization. Check current Travel Warnings at: http://travel.state.gov		
TRAVEL ADVANCES (OPTIONAL)								
AMOUNT		ACCOUNT #	DATE REQUIRED		□ СНЕСК	☐ DIR	ECT DEPOSIT	
Important Please Read Before Signing: The University of Arizona is authorized to deduct the amount of the travel advance from any future expense reimbursements or pay due the traveler. The advance must be settled in full within ten days from the return of the trip. In the event these sources are not adequate or in the event of severance of my employment with The University of Arizona, the advance shall become due and payable immediately. It shall bear interest at the rate of 9% annum starting thirty days after the return date of the trip. In the event that it should become necessary to enforce collection of this advance, or any part thereof by suit or otherwise, I do further agree to pay any and all costs of collection including a reasonable attorney's fee.								
PAYEE SIGNATURE					DATE			
PLEASE USE COLORED INK FOR SIGNATURES SO THAT ORIGINALS CAN BE DISTINGUISHED FROM PHOTOCOPIES								
APPROVALS								
I HEREBY CERTIFY THAT THE TRAVEL AUTHORIZED ABOVE IS FOR A VALID PUBLIC PURPOSE AND THAT THE FUNDS HAVE BEEN APPROPRIATED OR ARE OTHERWISE AVAILABLE FOR PAYMENT OF ANY CLAIMS MADE HEREUNDER, AND THAT IF THE AVAILABLE FUNDS ARE FROM A FEDERAL GRANT, CONTRACT OR SOURCE, THIS TRAVEL IS AUTHORIZED UNDER THE TERMS OF SUCH GRANT, CONTRACT OR SOURCE. THIS AUTHORIZED DEPARTMENTAL APPROVER/P.I. AND/OR COLLEGE/DIVISION								
AGREES TO ALL EXCEPTIONS NOTED ON THIS TRAVEL ORDER. AUTH. DEPT. NAME/TITLE SIGNATURE DATE								
AUTH. DEPT. APPROVER/P.I.	NAIVIE/	IIILE		SIGNATURE			DATE	