



Department of Epidemiology

Travel Pre-Authorization Form

Traveler Name: _____ PID: _____

Traveler Title: _____

Department: _____

Trip Description:

Dates of Travel: _____

Destination(s): _____

For International Travel: Traveler acknowledges responsibility for the following items:

___ Traveler will register in advance on UNC Global Travel Registry:

<http://globaltravel.unc.edu/login.cfm>

___ Traveler will enroll in advance for coverage in travel insurance program

(Contact UNC-Chapel Hill Risk Management Services at risk@unc.edu or 919-962-6681)

Method(s) of Transportation: _____

Registration: P-card T & E card

Nature of University Business: _____

What Percentage of this trip is business: _____

Planned Source of Funds for Reimbursement: ☐ Auxiliary ☐ F&A ☐ Foundation ☐ Grant

☐ State ☐ Trust (check all applicable)

Name of program/grant/project/trust paying for trip(project ID preferred):

Cole Larsh Award: \$500

Thank You Bert & Ellen Kaplan

Endowment Department Travel

Award: \$500

I certify this to be a true and accurate statement of the above travel plans:

Signature of Traveler: _____

Signature Date: _____

Signature of Supervisor: _____

Signature Date: _____

I authorize the intended travel as stated above and as certified by the traveler:

Signature of Authorized Approver: _____

Authorized Approver Printed Name and Title: _____

Authorization Date: _____

Fiscal Office Approval: _____

Return form to UNCEpidFisc@unc.edu