

Travel Authorization Form

Name of Traveler/Group:
Job Title:
College/Department:
Telephone: - -
ML:
E-mail:

Traveler is:	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Student
<input type="checkbox"/> Group (attach a list of all travelers)			
<input type="checkbox"/> Non-employee (specify)			
Purpose of travel:			

Travel is: ☐ Domestic ☐ International

Travel Dates: _____ to _____ to _____ to _____

Destination(s): _____

For internal use by unit:

--

Indicate any dates within travel period that are for personal travel: _____

Submitted by: _____

Approved by: _____

Traveler's Signature* or Authorized Signature for Group

Type/Print Name

* When using a personally-owned vehicle for travel, this signature certifies the traveler has a valid U.S. or Canadian driver's license and the required insurance coverage.

Supervisor's Signature

Date

- If requesting any pre-payment, send a copy of this completed, dated and approved Travel Authorization Form to Accounts Payable along with the Funds Reservation Form prior to the trip.
- Following the trip, attach this completed, dated and approved Travel Authorization Form to the Travel Expense Report.
- The traveler should retain a copy of the signed Travel Authorization Form and make it available upon request from Internal Audit.
- For non-employee or student travel, the authorization should be approved by the unit head of the organization funding the travel.