

# College of Health Sciences REQUEST FOR TRAVEL AUTHORIZATION

Name \_\_\_\_\_ 600# \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_ If Student 800# \_\_\_\_\_  
 Department \_\_\_\_\_

**I hereby request approval of my being absent from the Campus as indicated below:**

Dates of Travel From: \_\_\_\_\_ To: \_\_\_\_\_ Destination: \_\_\_\_\_

Purpose:

Disposition of work while absent:

**No reimbursement is to be submitted for the traveler for this trip**

Estimated Costs	Cost Center/Grant Information
Transportation*(Flight, Rental Car) <i>*Not encumbered</i>	<b>Account:</b> _____
Per Diem for _____ Days	<b>Account Name:</b> _____
Lodging for _____ Nights	<b>Amount:</b> _____
Other** (Registration, Rental Car) <i>**Encumbered</i>	<b>Account:</b> _____
<b>Total Estimated Costs</b>	<b>Account Name:</b> _____
Encumbrance Amount	<b>Amount:</b> _____

Requested By: \_\_\_\_\_  
*Individual Requesting Travel*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Dean or Administrative Officer*

Recommended By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Chairperson/Dept. Head/P.I.*

**Please attach copy of conference invitation, Per Diem Rates, Flight and/or Rental Car Quotes**

Notes (Prepaid Expenses):

For Business Center use only

TA Number \_\_\_\_\_ Entered on Travel Spreadsheet  Student Travel Insurance DTN \_\_\_\_\_