

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:

All expenses are not to be paid by the university

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

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:

For Business Center use only

TA Number _____ Entered on Travel Spreadsheet Student Travel Insurance DTN _____