REQUEST FOR TRAVEL AUTHORIZATION

Name of Employee: ________________________________________________________________
Title: ____________________________ Department: ______________________________
Purpose of Trip: ________________________________________________________________
Name of Organization: _____________________________________________________________
Date of Trip: From: ______________ To: ____________ Destination: _______________________
Transportation: Railroad Plane Bus Auto (Circle Appropriate Method)

Estimate Costs:

Transportation:
Air, Train, Bus Fare (Don’t include local travel)
(original receipt required for all and boarding passes required for air travel)

If Car: # of Miles Round Trip@ $.55* =
(*as of January 1, 2009)

Tolls: (original receipt required)

Registration Fees: (original receipt or cancelled check)

Hotel: (original receipt required)

Total: $________

Employee Signature ___________________________________________ Date ________________
Chair Signature _______________________________________________ Date ________________

***PLEASE BE AS ACCURATE AS POSSIBLE***