

# TRAVEL AUTHORIZATION FORM

TA # _____	For Office Use Only
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<b>Traveler Name</b>			<b>IMPORTANT NOTICE</b> By signing and submitting this form, you agree that the requested funds will be used for the purposes stated in this form. Failure to provide an expense report with receipts within 10 days of your return date can result in a paycheck deduction to cover the amount of funds advanced to you.
<b>Social Security #</b> <small>(if 1<sup>st</sup> time traveler)</small>			
<b>Event Dates</b>	<b>Start:</b>	<b>End:</b>	
<b>Travel Dates</b>	<b>Departure:</b>	<b>Return:</b>	
<b>Destination</b>			

<b>Purpose of Trip</b>			
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<b>Travel Advance?</b>		<b>Yes</b>		<b>No</b>	Advance Amt: For Office Use	AP ID: For Office Use	Payment ID: For Office Use
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METHOD OF TRAVEL	METHOD OF PAYMENT				
(v One):	TCard Amount	TCard # For Office Use	Purchase Order	Reimbursable Amt.	Other Source Please Explain:
University Vehicle	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
Personal Vehicle @ \$0.45/mile	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
Airfare (Attach Itinerary) : \$					
Other (Please Explain Below):	<del> </del>	<del> </del>			

**REGISTRATION:** Please provide supporting documentation (brochure, invitation, etc.)

Merchant:				
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<b>Total TCard Charges:</b>				
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**LODGING/MEALS:** [Per Diem Expenses](#)

Meals/Cost Per Day:		Lodging/Cost Per Day:		Sharing Room With:	
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**ANTICIPATED EXPENSES:**

Taxi/Shuttle		Rental Car		XNA Mileage		Other:	
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**TRAVEL FUNDING:**

Grant:	
Foundation:	
Other Source (Please Explain):	
Split Funding:	
% CCN:	% CCN:

**SIGNATURES:**

Staff/Student:	
Faculty:	
Department Head (Required Prior to Travel):	