



AUTHORIZATION TO TRAVEL

Traveler's Name		Check (X)one:	
Employee ID /Student ID		{ } Employee	
Title		{ } Visitor	
Department / Organization		Destination (city/state)	
Campus Phone		Departure Date	
Project / Grant / Budget Organization		Return Date	

Purpose of Travel:

Estimated Expenses	Initial	Special Approval Requested for (initial appropriate items)
Mileage @ .56/mile		1) Actual expense reimbursement for meal that is designated integral part of the conference.
Vehicle Rental		2) Vehicle rental reimbursement. (Justify below.)
Lodging for ___ days		3) Lodging reimbursement up to 25% in excess of maximum otherwise allowed. (Justify below.)
Meals for ___ days		4) Meal reimbursement up to 25% in excess of maximum otherwise allowed. (Justify below)
Air fare		5) Foreign travel all travel outside the U.S. and it ' s territories.
Registration		
Other allowable expenses		Travel Advance Requested: yes <input type="checkbox"/> no
\$		Amount Requested: \$
TOTAL Estimated Costs		

Vehicle Rental Justification:

(Note: the cost of Collision Damage Waiver (CDW) and Personal Accident and Personal Accident Insurance (PAI) are not reimbursable expenses. In the event of an accident, the traveler should pay the deductible and claim reimbursement on the expense.

Lodging and/or meal excess justification:

Traveler ' s Signature _____ Date ____/____/____

Recommend/Approve Signature	Signature Date	
Principal Investigator (If Grant Related)		Note: Traveler cannot approve this authorization. This approved document must be attached to the travel expense reimbursement voucher when submitted.
Supervisor		
Vice Chancellor		
Vice Chancellor of Finance and Admin		
Chancellor		