Travel Authorization Requests must be submitted 72 hours (3 days) PRIOR to departure date.

This travel has been ap (If you are a student, travel	oproved by: Dr. MUST be approved by faculty	y advisor.)			
Traveler's Name:		Today's Date:			
Event Name:					
Purpose of Travel:	Meeting Consultat	tion F	resentation	Conference	Other
Group Name/Project	Number:				
Departure Travel		Return Travel			
Origin:		Origin:			
Destination:		Destination:			
Date:	Begin Time:	Date:		End Time:	
EXPENSE ESTIMATES					
Airfare: Airline(s):				\$	
Conference/Registration Fee:				\$	
Incidentals: (i.e. taxis, parking, etc.)				\$	
Lodging/Hotel: \$	per night X		nights =	\$	
Hotel Name:		☐ Con	ference site		
Meals: (\$6 Breakfast, \$2	11 Lunch, \$19 Dinner) \$36 /	day X	days =	\$	
Complete either mileage (personal vehicle) or rental information, if applicable:					
Total Mileage:	\$0.445 / mile X	m	iles =	\$	
Avis Rental Car:	\$26.50 (In-State) \$32 (Out-of-State) per da	y X	days =	\$	