

**Travel Authorization Form**

Name of Traveler/Group:
Job Title:
College/Department:
Telephone:        -        -
ML:
E-mail:

Traveler is: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
<input type="checkbox"/> Group (attach a list of all travelers)
<input type="checkbox"/> Non-employee ( <i>specify</i> )
Purpose of travel:

Travel is:     Domestic         International

Travel Dates:

Destination(s):

\_\_\_\_\_ to \_\_\_\_\_


\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For internal use by unit:** 

Indicate any dates within travel period that are for personal travel: \_\_\_\_\_

**Submitted by:**

**Approved by:** 

\_\_\_\_\_  
Traveler's Signature\* or Authorized Signature for Group

\_\_\_\_\_  
Type/Print Name 

\* When using a personally-owned vehicle for travel, this signature certifies the traveler has a valid U.S. or Canadian driver's license and the required insurance coverage.

\_\_\_\_\_  
Supervisor\* Signature

\_\_\_\_\_  
Date

- If requesting any pre-payment, send a copy of this completed, dated and approved Travel Authorization Form to Accounts Payable along with the Funds Reservation Form prior to the trip.
- Following the trip, attach this completed, dated and approved Travel Authorization Form to the Travel Expense Report.
- The traveler should retain a copy of the signed Travel Authorization Form and make it available upon request from Internal Audit.
- For non-employee or student travel, the authorization should be approved by the unit head of the organization funding the travel.