

TRAVEL AUTHORIZATION REQUEST

To ensure that your travel request is promptly approved, please provide the information below at least 25 BUSINESS DAYS PRIOR to your departure date. **AUTHORIZATION IS REQUIRED**. Once your authorization is approved, and we receive authorization from Travel, you can begin to make purchases toward your trip. Travel on University business must be authorized in advance and Travelers are not to incur travel expenses without first obtaining the appropriate approvals. Please fill out the information below as accurately as possible. This is an estimate of what your travel will cost.

Fill out the form electronically, save it, and send TAR including proof of conference participation (invitation letter to the conference and/or a copy of the conference program) per email (no hardcopies) to Claudine Boniec for processing after which you will be contacted with confirmation that your travel has been approved. Please contact Claudine Boniec if she can be of any further help. Your cooperation with this process is greatly appreciated.

Today's Date:								
Traveler's Name:				Employee ID #:				
Purpose of Trip:				Are you presenting: YES () NO ()				
Location:				(City, State/Country)				
Departure Date	e:			Return Date:				
Funding Source: () WLE annual budget \$1000 () Grant/Award () Start Up () Other:								
If using a combination of funding sources check all that apply with total funding here:								
Please provide source name if grant or award:								
PLEASE FILL OUT APPROXIMATE EXPENSES BELOW								
EXPENSE TYPE AMOUNT			FYD	EXPENSE TYPE		AMOUNT		
AIRFARE			_	MEALS (domestic \$36/day,		AMOONT		
HOTEL				int. varies by country)				
REGISTRATION				TRANSPORTATION				
MEMBERSHIP FEES			OTHER					
INITIAIDFI/2111L LEE2			INCIDENTAL	INCIDENTALS				
				TOTAL:				
During your trip please remember to keep <u>DETAILED ORIGINAL RECEIPTS</u> for expenses that you will request reimbursements								
for with the exception of meals which do not require receipts.								
If they are foreign receipts please TRANSLATE THEM for us therefore we know what the receipts are.								
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CHAIR SIGNAT	URE:			Арр	roved ()	ved () Not approved ()		
\$	% approved	UNIT	DEPT	FUND	PRODUCT	INITIATIVE	PROJECT	
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