

REQUEST FOR TRAVEL AUTHORIZATION FORM

1 DEPT/PROJECT NAME _____

DATE OF TRIP _____

TRAVELER'S NAME _____

HOME PHONE _____

REASON FOR TRIP _____

(PLEASE PRINT) _____
5 HOURS OF TRAVEL TIME + 1 HOUR OF MEALS + 1 HOUR OF OTHER EXPENSES = 7 HOURS

* / \$ PER HOUR _____

OVAL Travel is allowable if within active budget/grant period and funds are available.

APPROVED BY _____ DATE _____

2. PURPOSE OF TRIP _____
• PROJECT TITLE _____
• START DATE _____ END DATE _____
• DEPARTMENT _____
• PROJECT NUMBER _____
• BUDGET NUMBER _____
• TRAVELER'S NAME _____
• HOME PHONE _____
• TRAVELER'S ADDRESS _____
• CITY _____ STATE _____ ZIP _____
• PHONE NUMBER _____
• FAX NUMBER _____
• E-MAIL ADDRESS _____
• OTHER CONTACT INFORMATION _____