

Travel Authorization Form

Traveler Information	
Name:	Work Area:

Travel Details	
Start Date:	End Date:
Reason for Travel:	
Destination:	
Description:	

Budget Details					
Account	Fund	DeptID	Location	Analysis	Project
6000					

Estimated Expenses	
Airfare:	
Hotel:	
Car Rental:	
Meals:	
Mileage:	
Other:	
Total Estimated Cost:	

Approval		
Traveler Signature:		Date:
Supervisor Name (If different from Signing Authority):	Signature:	Date:
Signing Authority Name:	Signature:	Date:

Note: An original form is to accompany your expense claim, procurement card expense report or invoice.