

Travel Approval Form

Name: _____	
Department and Position (if applicable): _____	
Phone number: _____	
Destination: _____	
Departure Date: _____	Return Date: _____
Reason for Travel: _____	
List how many days off will be required from work/school: _____	
Requirements:	<input type="checkbox"/> Hotel <input type="checkbox"/> Car <input type="checkbox"/> Other: _____
Special instructions: _____	

CHARGES (Please indicate approximate value if you are unsure)

Ticket: _____
Other charges: _____
Taxes: _____
Total Amount: _____

AUTHORIZATION

Requested by: _____	Date: _____
Approved by: _____	Date: _____
Approval Signature: _____	
Charge to: _____	
(DEPT#)-(GL ACCOUNT #)-(PROJECT/COURSE#)	