



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#)		