

REQUEST FOR AUTHORIZATION TO TRAVEL/Travel Advance

Instructions:

- A. Complete this form and submit it to the appropriate administrator for approval prior to making reservations.
- B. Upon making Connexus reservation, enter the Trip Record Locator below in the space provided.
- C. If no Travel Advance is being requested, attach the completed and approved form to the travel claim upon your return. Note that all travel claims must be submitted to Accounts Payable within 30 days of trip's end.

1. Traveler's name: _____ UIN #: _____ Email: _____

2. Address: _____

3. Purpose of Trip: _____ Phone No: _____

4. Destination: _____ Mode of Travel: _____

5. Conference start & end Date: _____ Departure Date: ___/___/___ Return Date: ___/___/___

6. Subsistence: _____ Days @ \$ _____ Per day Total \$ _____

Registration Fees: _____ Airfare: _____ Lodging: _____ Others (specify): _____

7. Total estimated cost of trip (include direct billed airfare or vehicle): \$ _____

8. ChartFields to be charged:

Fund	Dept	Program	Class	Project
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. I request authorization to travel as documented above.
Signature of Traveler: _____ Date: ___/___/___

10. I request a Travel Advance to be used for University business in the amount of \$ _____ (available only for international trip). I authorize the University to deduct this amount from my salary if I fail to submit a properly approved expense claim (or fail to return this amount to the University) within 30 days after the travel return date indicated above.
Disposition of Travel Advance Check: MAIL _____ PICK UP _____
Signature of Traveler: _____ Date: / /

11. In approving this travel request, I certify that: 1) If a motor vehicle is used, the employee has completed a defensive driving class and has a current defensive driver card: and 2) if a private motor vehicle is used, the employee has a current Form Std. 261, Authorization To Use Privately Owned Vehicles on State Business, on file in the department.

Dept Chair Name: _____ Signature: _____ Date: ___/___/___

Dean/Admin Name: _____ Signature: _____ Date: ___/___/___

ORSP Approver: _____ Signature: _____ Date: ___/___/___

Connexus Trip Record Locator : _____

Additional Approvals for Foreign Travel

Risk Management: _____ Signature: _____ Date: ___/___/___

Vice President: _____ Signature: _____ Date: ___/___/___

President: _____ Signature: _____ Date: ___/___/___

Chancellor: _____ Signature: _____ Date: ___/___/___