

TRAVEL AUTHORIZATION REQUEST

Employee Name Department/Division:		Date:
Business Meeting <input type="checkbox"/> Account No. Training Meeting <input type="checkbox"/> Account No.		Location of Activity: Date of Activity: From: _____ To: _____ Total Days: _____
Means of Travel: Air <input type="checkbox"/> Private Vehicle <input type="checkbox"/> City Vehicle <input type="checkbox"/> Train <input type="checkbox"/> Other <input type="checkbox"/>		Estimated Cost of Trip: Per Diem: \$ _____ Tuition: \$ _____ Registration: _____ Hotel: _____ Travel: _____ Total Estimated Cost of Trip: \$ _____ Cash Advance Requested by: _____ Date: _____ \$ _____

Purpose of Request:

To be Completed by Authorized Signature:

Action of Department Director/Division Manager:

Approved **Signature:** _____ **Date:** _____

Denied

TRAVEL EXPENSE REPORT

ITEMS	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Hotel*								
Breakfast								
Lunch								
Dinner								
Train Travel*								
Air Travel*								
Taxi Fares								
Subway & Bus Fares								
Vehicle Expenses*								
L.D. Phone & Telegrams								
Local Phone Charges								
Baggage Charges								
Registration Fees**								
Totals								

Vehicle Expenses		Odometer		Mileage	Rate	Amount
From	To	Start	Finish			

I hereby certify that the travel indicated hereon was accomplished according to the authorization letter and that information shown hereon is correct and that no part of compensation claimed was of a personal nature.

Signed: _____

Approved: _____

Total Expense of Trip: \$ _____
Cash Advanced: _____
Check No. _____

Balance Due (Employee): \$ _____
(City): \$ _____

* Receipt or bills are to be attached to this request. ** Conference programs should be attached.