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| **Travel Authorization Form****An approved travel authorization is required prior to work-related travel. This form must be submitted 5 days prior to any travel arrangements being made.** |
| Travel Name:  | Date Submitted: Select Date |
| Travel Start Date: Select Date | Travel End Date: Select Date |
| Travel From: City, State | Travel To: City, State |
| Traveler’s Name:  | Dept./Unit: Choose an item. |
| Employee: [ ]  | Traveler’s Address: Home Address |
| Traveler’s Email:  |
| **Business Purpose:** Student travel to conference. PROVIDE FURTHER DETAILS |
| Important TravelDetails/Requests | Students can request up to $750 from Department Funds |
| **Travel Needs and Estimated Costs:** |
| Personal VehicleMILEAGE | $  | Paid By | Choose an item. |
| Rental Car &Gasoline | $  | Paid By | Choose an item. |
| Airfare | $  | Paid By | Choose an item. |
| Lodging | $  | Paid By | Choose an item. |
| Registration Fees | $  | Paid By | Choose an item. |
| Miscellaneous | $  | Paid By | Choose an item. |
| \*Miscellaneous includes baggage fees, shuttles, cab fare, parking, tolls, etc. \* Mileage rate is  |
| MEALS: Claiming per diem: [ ]  | Meals were provided? [ ]  |
|  |
| **Funding Description** | **Funding String** | **Amount** | **Budget Owner****(initial below)** |
| EPID-BIOS Dept budget |  | $750 |  |
|   |   |   |  |
|   |   |   |  |
| Supervisor Signature |  | Date |  |
| EBO Signature |  | Date |  |
| Post Award Signature |  | Date |  |