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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 Travel  Details/Requests | Students can request up to $750 from Department Funds | | | | | |
| **Travel Needs and Estimated Costs:** | | | | | | |
| Personal Vehicle  MILEAGE | $ | 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 |  |