UNIVERSITY of West Georgia

☐ Faculty	☐ In State
☐ Staff	☐ Out of State
☐ *Mileage (Only)*	☐ Foreign

Travel Authorization - Employee

Date: _____ Division/Department: _____

Full Traveler Name: _____
(As appears on passport or Drivers License)

Employee ADP #:_____ Phone:_____

Travel Description:

		Destination		
Depart Date	Return Date	City	State	Country

Travel Purpose: _____

_____

Transportation Preferences

Preferred Carrier	Seating (Aisle/Window)	Preferred Departure Time	Preferred Return Time

Estimated Cost

Lodging $ _____

Meals $ _____

Registration $ _____

Misc/Other $ _____

Airfare or other Common Carrier $ _____ (Not To Exceed)

Personal Auto:
Miles _____
Rate _____
Cost $ 0.00

Rental Car $ _____

Total $ 0.00

Account Distribution:

	Fund	Dept Id	Program	Class	*Project**	Amount
Ln 1						
Ln 2						
Ln 3						

** Requires approval of Sponsored Operations*

Approving Official

_____ _____ _____
Print Name Signature Date

Research & Sponsored Projects (If Required) _____ _____
Signature Date

TA Form 52312