



Travel Authorization – Non Employee Date: _____

<input type="checkbox"/> In State	<input type="checkbox"/> Out of State
<input type="checkbox"/> Student	<input type="checkbox"/> Foreign
<input type="checkbox"/> Group/Other: (Write name below)	

Student ID: _____

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

Address: _____ Dept. Contact Email: _____

City / ST / ZIP _____ Dept. Contact Phone#: _____

Travel Description:

		Destination		
Depart Date	Return Date	City	State	Country

Travel Purpose: _____

<i>Required for Candidate Travel Only</i>	
Title of Presentation: _____	Open Position: <input type="checkbox"/> Faculty <input type="checkbox"/> Senior Administrator
Position for Consideration: _____	

Transportation Preferences

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

Estimated Cost

Lodging \$ _____	Airfare or other Common Carrier \$ _____ (Not to Exceed)
Meals \$ _____	Personal Auto: Miles _____ Rate _____ Cost \$ _____
Registration \$ _____	Rental Car \$ _____
Misc/Other \$ _____	
Total \$ _____	

Account Distribution:

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

* Requires approval of Sponsored Operations

Approving Official

Print Name _____ Signature _____ Date _____

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

<i>Required for Candidate Travel Only</i>		Approving Dean/Vice President
Signature _____	Print Name _____	Date _____