

TRAVEL AUTHORIZATION WORKSHEET

Please complete all relevant portions of this form. For questions concerning travel, please contact Anni Elling, 6-4284 or Jan Brady, 6-4337.

Name: _____ Date Submitted: _____

Home Address: _____
(Required for travel reimbursement)

Destination(s): _____ Travel Dates: _____

Nature of Professional Activity

1. Conference Participation **NOTE:** Upon returning, please submit a conference brochure showing the agenda, conference dates and any meals/banquets/hosted events provided as part of the conference.

Name of Conference (no acronyms): _____

Conference Location: _____ Conference Dates: _____

- Attending Only
- Presenting Paper: Title _____
- Other (please specify) _____

2. Other (Provide business purpose: start and end date(s), location, names and affiliations of individuals consulted, or places/monuments, institutions visited, description of activity and benefit to university.)

Other Travel Information

1. Will you travel while on sabbatical or another type of leave?

- No
- Yes - I have attached a prepared **Sabbatical Travel Approval Request Form.**

2. Will you combine business and personal travel on this trip?

- No
- Yes - I will provide an airfare quote showing the business travel portion only at the time of ticket purchase.

3. Will you travel during the academic year when classes are in session?

- No
- Yes - I am aware of the **CAS Statement of Faculty Responsibilities.**
I have taken action to ensure my class and other responsibilities are satisfactorily covered during my absence.

Transportation Details

NOTE: The mode of transportation should be the most economical one suitable for the purpose of your trip.

Source of Airline Ticket:

Coach/Economy class only, NO First Class

- Azumano/Away Travel (687-2250) Agent's Name: _____
- Ambassador (686-1234) Agent's Name: _____
- Premier (747-0909) Agent's Name: _____
- Online purchase (check one):
 - Orbitz, Expedia, Travelocity, Priceline
 - Direct from Airline Airline Name: _____
 - Other Please describe: _____
- Other Please describe: _____

Other Modes of Transportation:

- Travel by personal vehicle
- Travel by rental car (Economy model) Agency Name: _____
- Other Please describe: _____

Itinerary:

IMPORTANT: This section is required for all modes of travel NOT just for travel by airplane. It is used to calculate per diem meals.

Departure from: _____ Date: _____ Time: _____ am/pm

Arrival in: _____ Date: _____ Time: _____ am/pm

Return from: _____ Date: _____ Time: _____ am/pm

Arrival in: _____ Date: _____ Time: _____ am/pm

Accounting Information

Expenses:

Please check a box for all the expenses you anticipate claiming on your travel reimbursement.

- Airfare
- Mileage
- Rental Car
- Lodging
- Per Diem Meals
- Conference Registration Fee
- Shuttle
- Parking
- Phone--Personal (one every other day)
- Phone--Business
- Other (describe): _____
- Claiming Only: \$ _____

Index:

- Please charge expenses to the following State Index or Grant: _____

Signatures:

Advisor Approval (required for Graduate Student travel)

Department Approval