

REQUEST FOR AUTHORIZATION OF OUT-OF-STATE TRAVEL

T _____

NAME OF PERSON TRAVELING	S.S. NO.	POSITION

Acct. No. _____ Obj. Code _____ Encumbrance No. _____

User ID _____ Vendor No. _____

Department _____

Division or Institution _____ Date _____, 20____

ESTIMATED EXPENSES		
Total Not to Exceed		

From (Origin) _____ To (Destination) _____

Date(s) trip to be taken (Include travel time) _____

Purpose of trip (Cite benefit to University. Do not abbreviate organizational names) _____

If more than two employees of the University are going to this event, how many and why? _____

Will a check be issued for registration fee? _____

Method of conveyance: State Vehicle Personal Auto Airplane Commercial State
Charter Personal Other Explain Other _____

I hereby certify that it is necessary for the person named above to make this trip on official business connected with the duties of his/her position.

AUTHENTICATION STAMP

Signature of Department Head *Date*

Chancellor/Vice President Signature if Required *Date*

Forward 3 copies (Original, Copy A, Copy B) to Accounts Payable Department, Controller Division; 1 copy will be returned to the initiating department. A 4th copy may be printed and retained by the initiating department.