Travel Authorization Request All travel must be authorized and approved PRIOR to travel. Complete form and submit to department head for

All travel must be authorized and approved PRIOR to travel. Complete form and submit to department head for approval signature. Once request is approved, it will be submitted for processing. Do not incur any travel related expenses until you have received the "Travel Authorization Approval Request" email from the Travel Office.

Name:			A#:		Date:		
Phone#:	Email:						
Dates of Travel: DEPART		_ at	a.m. p.m.	RETURN	at	a.m. p.m.	
Destination:		R	eason for Tra	vel:			
	City, ST				Conference / Meeting / Purpos	se	
Others in Party: ———							
Emergency Contact Infor	rmation (name & phone	e number):					
	Cost E		MUST pplicable e	be complenter "0".	leted		
Registration: \$				Lodging: \$			
Airfare: \$				Parking: \$			
Taxi/Bus/Shuttle (in destination city): \$				Misc (Baggage, Rental Car, etc.):\$			
# of Meals Included in Re	egistration / Provide	d: B	L	D	·		
		Arı	rangeme	nts			
Local Travel							
No Need	Motor Pool V	ehicle (Sche	dule by calling 7	97-3145.)			
	Own Vehicle (Reimbursed at \$0.485 per mile from USU to destination.)						
Registration							
No Need	I will arrange and pay for my registration and recieve reimbursement.						
	I would like registration charged to the department p-card.						
Airfare							
No Need	I will arrange and pay for my flight and recieve reimbursement.						
	I would like the flight charged to the department travel card (Expedia, Travelocity, Airline site, etc.).						
	I would like the flight charged to the TA (Christopherson Travel only).						
Travel to Airport							
No Need	Salt Lake Express Shuttle (Arrange and pay for personally and receive reimbursement.)						
	Own Vehicle	(Reimbursed	at \$0.485/mile a	s per USU policy.)			
Notes:							

Signature of Approval for Travel (Department Head):

Account / Index #: