Travel Authorization Information

Name _____ **Department** _____

Purpose of Trip Choose from dropdown list: **Affiliation** Choose from dropdown list:

Description of Trip _____

Itinerary

Leaving:			Leave City	Leave State:	or Country (if outside US)
			Arrival City	Arrival State:	or Country (if outside US)
Returning:			Leave City	Leave State:	or Country (if outside US)
			Arrival City	Arrival State:	or Country (if outside US)

Vehicle (dropdown to right -->) Choose: **Type of Vehicle** (dropdown to right -->) Choose from dropdown list:

Name(s) of person(s) accompanying you:

Expenses (choose from dropdown)

Description:	Payment Method:	$0.00
Description:	Payment Method:	$0.00
Description:	Payment Method:	$0.00
Description:	Payment Method:	$0.00
Description:	Payment Method:	$0.00
Description:	Payment Method:	$0.00
Description:	Payment Method:	$0.00
Description:	Payment Method:	$0.00
Total Cost		$0.00

FOP (Fund Organization Program)
(If multiple list in order to be charged)

Fund	Organization	Program	Allocation $ or %
Fund	Organization	Program	Allocation $ or %
Fund	Organization	Program	Allocation $ or %
Fund	Organization	Program	Allocation $ or %

Comments