

# TRAVEL REQUEST AUTHORIZATION FORM

(PLEASE PRINT CLEARLY)

TO: \_\_\_\_\_  
Principal/Department Head

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
Attendee

CAMPUS/  
DEPARTMENT: \_\_\_\_\_

HOME  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: IF REGISTRATION IS ALL THAT IS REQUESTED, SIMPLY SUBMIT THIS FORM WITH PROPER DOCUMENTATION ATTACHED TO A REQUISITION.**

Convention/Conference Name \_\_\_\_\_

Destination \_\_\_\_\_

Convention dates \_\_\_\_\_

Date Leaving \_\_\_\_\_

Date Returning \_\_\_\_\_

Number of Duty Days Involved \_\_\_\_\_

## ESTIMATED EXPENDITURES:

\$ _____	Transportation AIR _____ AUTO _____ OTHER _____
	Riding with _____
	Estimated miles @ ___ cents per mile _____
\$ _____	Lodging
	Sharing room with _____
\$ _____	Meals
\$ _____	Registration
\$ _____	Total

**TRAVEL AUTHORIZATION REQUEST FORM MUST BE ATTACHED TO A REQUISITION AND SUBMITTED TO THE BUSINESS OFFICE VIA SKYWARD AT LEAST 10 DAYS PRIOR TO REGISTRATION.**

APPROVED: \_\_\_\_\_  
Principal/Department Head