

Request for Travel Authorization

You need to fill out this form if 1) you are traveling during the school year during the week (authorization for travel leave); 2) you are requesting travel expense reimbursement.

1

NAME _____ UT EID _____

TITLE _____ DATE _____

Authorized Absence

DEPARTURE DATE + TIME _____

RETURN DATE + TIME _____

DESTINATION(S) _____

Reason for Travel (e.g. your University related activity or transactions)

Name of faculty *of equal rank or higher* who will oversee your class and be available for student consultations while you are absent:

2

Do you request reimbursement? Yes No

Are you receiving support from another source (SRG, Faculty Travel Grant, etc.)? Yes No

If yes, please indicate source and amount:

Are you receiving an honorarium or any other support for this travel? Yes No

If yes, please indicate source and amount:

Reimbursement should be sent:

DIRECT DEPOSIT CAMPUS BOX ADDRESS: _____

ESTIMATED COSTS

Transportation _____

Lodging _____

Per diem (\$51/day) _____

Other _____

Description: _____

Total request _____

ACCOUNT _____ AMOUNT: _____

Susan Rather, Chair

Office Use Only

Faculty Travel balance:	Faculty Development balance:
Chair or Professorship Acct. #	Chair or Professorship balance:
Other Acct. Title + Number	Account Balance: