



Use this form for
Request for Authorization to Travel,
Travel Expenditure Authorization,
Request for Travel Advance Check

TRAVEL REQUISITION

NO. _____

DATE _____

**TRAVEL AUTHORIZATION
PART TIME/CONSULTANTS**

**A Separate Form Must be Submitted
For Each Traveller**

I. REQUEST FOR AUTHORIZATION TO TRAVEL

Traveller _____ Title _____ Dept _____

Depart _____ Return _____ Mode of Travel _____
Date Time Date Time Auto, Plane, Bus, ETC.

Destination/Purpose/ _____
Event _____

II. TRAVEL EXPENDITURE AUTHORIZATION

Account: Fund: Dept. Id: Prog: Proj/Grt:

Fund Name _____ Dept Name _____

	Account	Requested Amount	Approved Amount
Reimbursement for travel and other special employee/ contracted services	<input type="text"/> 6C98	\$ _____	\$ _____
For consultants services	<input type="text"/> 6H98	\$ _____	\$ _____
For operational services	<input type="text"/> 6J98	\$ _____	\$ _____
For individual paid deom MO1 or MM1	<input type="text"/> 6M98	\$ _____	\$ _____

III. REQUEST FOR TRAVEL ADVANCE CHECK (PAYABLE TO EMPLOYEE ONLY)

Issue To

Date _____
Check Needed

Line	Description	Total
Total →		

Attach conference travel information as applicable

IV. SIGNATURE

Traveller _____ Date _____

Department Head _____ Date _____

Approving Authority _____ Date _____