

AUTHORIZATION FOR TRAVEL

TODAYS DATE:

NAME OF TRAVELER:

DESTINATION:

International Travel Advisory Code:

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>

DATES OF TRAVEL:

PURPOSE OF TRAVEL:

SOURCE OF TRAVEL FUNDS:

Fund Name:

Chartfield String: MOCODE

Dept ID

Fund

Project

ESTIMATED EXPENSES:

HOW WILL YOUR CLASSES BE COVERED DURING YOUR ABSENCE?

SIGNATURE: _____
Traveler

DATE: _____

I have evaluated this travel and determined it to be necessary.

SIGNATURE: _____
Chair/Supervisor

DATE: _____

SIGNATURE: _____
Vice Provost and Dean *(required for Department Chairs and all international travel)*

DATE: _____

SIGNATURE: _____
Provost *(required for Dean)*

DATE: _____

SIGNATURE: _____
Vice Chancellor for Research *(required for Center Directors only)*

DATE: _____