Authorization for Travel

Name: Click or tap here to enter text.

Email and Phone: Click or tap here to enter text.

Dates of Business Travel: Click or tap here to enter text.

Dates of Personal Travel: Click or tap here to enter text.

Destination: Click or tap here to enter text.

COVID-19 Considerations:
☐ I have determined that this travel is necessary to best conduct university business. I am aware that this trip may require me to self-quarantine on my return.

☐ I have reviewed Campus Travel Guidelines, and I am familiar with the prevalence of COVID-19 at my destination (https://www.cdc.gov/coronavirus/2019-ncov/travelers/).

☐ I have submitted a Travel Safety Plan to covid@mst.edu.

☐ International Travel Only: I have contacted International Affairs to ensure that I am informed of available resources, aware of potential risks, and in compliance with all rules and regulations. I have also attached the current Travel Advisory, which is at Level_____.

Purpose of Travel: Please explain your reason for attending the conference. You may attach more documentation if needed. Click or tap here to enter text.

How Will Your Classes Be Covered? Click or tap here to enter text.

Source of Funds:
Fund name: Click or tap here to enter text.  Dept ID: Click or tap here to enter text.
Mocode: Click or tap here to enter text.  Project: Click or tap here to enter text.
Estimated amount: Click or tap here to enter text.

Estimated Expenses:
Transportation Costs (including rental car, airfare, train, mileage, etc.): Click or tap here to enter text.
Registration Fee: Click or tap here to enter text.  Hotel: Click or tap here to enter text.
Meal Reimbursement: Click or tap here to enter text.  Misc. Travel Expense: Click or tap here to enter text.

Total Requested: Click or tap here to enter text.

☐ This trip is solely for the legitimate business purpose clearly outlined above.

☐ This trip will combine legitimate business and personal travel as noted above.

I have evaluated this travel, discussed alternatives that might reduce the risk of the spread of COVID-19, and have determined it to be necessary.

SIGNATURE: ____________________________________________  DATE: ______________________
Traveler

SIGNATURE: ____________________________________________  DATE: ______________________
Chair/Supervisor

SIGNATURE: ____________________________________________  DATE: ______________________
Vice Provost and Dean

☐ DR