

STUDENT TRAVEL AUTHORIZATION REQUEST

Name \_\_\_\_\_ Student # \_\_\_\_\_

Graduate Student: \_\_\_\_\_ Undergraduate Student: \_\_\_\_\_

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

I, \_\_\_\_\_ request permission for travel from \_\_\_\_\_

a.m./p.m on \_\_\_\_\_ (date) until \_\_\_\_\_ a.m./p.m on \_\_\_\_\_ (date)

Specific purpose for this travel: \_\_\_\_\_

Destination of travel: \_\_\_\_\_

Is reimbursement of expenses requested? no \_\_\_\_\_ yes. If yes, complete expense estimate below.

Transportation

Plane \_\_\_\_\_  
Private/University Car \_\_\_\_\_

Lodging and Meals

Lodging ( , Q R U Out-of-State) \_\_\_\_\_  
Meals ( , R U Out-of-State) \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Total Estimated Cost (not necessarily amount of reimbursement): \_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

(Over)

