



GRANT FUNDED AUTHORIZATION TO TRAVEL

Traveler's Name		Check (X)one:	
ID Number		{ x } Employee	
Title		{ } Visitor	
Department / Organization		Destination (city/state)	
Campus Phone		Departure Date	
Project / Grant / Budget Organization		Return Date	
Purpose of Travel:			
Estimated Expenses		Initial	Special Approval Requested for (initial appropriate items)
	Mileage @ .51/mile		1) Actual expense reimbursement for meal that is designated integral part of the conference.
	Vehicle Rental		2) Vehicle rental reimbursement. (Justify below.)
	Lodging for ___ days		3) Lodging reimbursement up to 25% in excess of maximum otherwise allowed. (Justify below.)
	Meals for ___ days		4) Meal reimbursement up to 25% in excess of maximum otherwise allowed. (Justify below)
	Air fare		5) Foreign travelBall travel outside the U.S. and it=s territories.
	Registration		
	Other allowable expenses		Travel Advance Requested: yes <input type="checkbox"/> no Amount Requested: \$
\$	TOTAL Estimated Costs		
Vehicle Rental Justification:			
<small>(Note: the cost of Collision Damage Waiver (CDW) and Personal Accident and Personal Accident Insurance (PAI) are not reimbursable expenses. In the event of an accident, the traveler should pay the deductible and claim reimbursement on the expense.</small>			
Lodging and/or meal excess justification:			
Traveler's Signature _____ Date ____/____/____			
Recommend/Approve Signature		Signature Date	
Principal Investigator			Note: Traveler cannot approve this authorization. This approved document must be attached to the travel expense reimbursement voucher when submitted.
Department Head / Dean / Director			
Sponsored Programs			
Restricted Funds			
Vice-Chancellor			
Chancellor			