



**Travel  
Authorization**

Travel Office Only	
CU	Airline:
Registration:	

This form **MUST** be completed in its entirety for processing.  
 Approved Travel Authorization Forms **MUST** be in the AU Travel Office in order to pre-approve airline tickets and registrations (for approved travel agencies and check requests).  
 Retain zero cost forms in Department. (Forms are necessary for off-campus insurance coverage).  
**Forms without proper approvals will be returned.**

**SECTION 1 - TRAVELER INFORMATION (To be completed by Traveler or Preparer)**

TRAVELERS NAME:						
EMPLOYEE ID:						
TITLE:						
DEPARTMENT:						
DEPARTURE DATE:		RETURN DATE:				
LOCATION:						
Acct Code		Fund	Dept	Program	Class	Project
641100	EMPLOYEE					
651000	GRU STUDENT					

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Travelers Signature

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Date

**SECTION 2 - DEPARTMENT CONTACT INFORMATION (To be completed by Preparer)**

DEPARTMENT NAME:	
PREPARED BY: (Signature)	
PRINTED NAME:	
PHONE NUMBER:	

**SECTION 4 - TRAVEL OFFICE ONLY**

Acct Code	Description	Amount	Acct Code	Description	Amount
641110	GTRANSP		641150	MISC	
641120	AIRTRVL		641160	RENTCAR	
641130	MEALS		641170	PARKING	
641140	LODGING		641510	MILEAGE	

TOTAL EXPENSE:	
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**SECTION 4 - ESTIMATED COST (To be completed by Traveler or Preparer)**

Acct Code	Description	Amount
727121	REGISTRATION Prepaid on Pcard Check One: Yes NO	
641110	TRANSPORTATION (Gas, Public Trans, Taxi, Train, Tolls)	
641120	AIRLINES Check One: Reimburse Direct Bill	
641130	MEALS	
641140	LODGING	
641150	MISC	
641160	RENTCAR Check One: Reimburse Direct Bill	
641170	PARKING	
641510	MILEAGE (miles x \$0.535)	
	OTHER	
<b>TOTAL ESTIMATED COST :</b>		

**SECTION 5 - TRAVEL PLANS (To be completed by Traveler or Preparer)**

DEPARTURE DATE:		RETURN DATE:	
GENERAL PURPOSE OF THE TRIP:			
MODE OF TRANSPORTATION:			
LOCATION TO BE VISITED:			

**SECTION 6 - TRAVEL APPROVALS (Approving officials MUST have supervisory and budgetary authority over traveler)**

<i>Travel may NOT be self-approved.</i>	
<b>SUPERVISORY APPROVAL TO BE ABSENT FROM CAMPUS</b>	<b>BUDGETARY APPROVAL TO PAY</b>
Name:	Name:
Title:	Title:
Signature:	Signature:
Date:	Date:

**SECTION 7 - FOREIGN TRAVEL APPROVALS**

Chairman /Dean/Director/VP (Signature)	Printed Name:	Date:
Sponsored Acctng (Signature)	Printed Name:	Date:

**Once completed with approvals, return this form to the AU Travel Office, HS-B160 for processing.**