



**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 GHSU 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	GHSU STUDENT					

 _____ <i>Travelers Signature</i>		_____ <i>Date</i>
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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 \$0.55)	
	OTHER	
TOTAL ESTIMATED COST :		

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)

 Travel may NOT be self-approved.	
SUPERVISORY APPROVAL TO BE ABSENT FROM CAMPUS	BUDGETARY APPROVAL TO PAY
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 GHSU Travel Office, HSB 160 for processing.