



Staff Travel Pre-Authorization Request

Requestor's Information

Staff Name: _____ Ext: _____ Today's Date: _____

Travel Date

From: _____ Thru: _____ Department: _____

Name of Event/Conference: _____

Travel Location: _____

Purpose:

Required: Attached copies of brochures or website info

Estimated Cost(s):	Amount for Program 1	Amount for Program 2	Amount for Program 3	Comment
Airfare:	_____	_____	_____	_____
Hotel/Lodging:	_____	_____	_____	_____
Conference Fee:	_____	_____	_____	_____
Car Rental:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Total by Program:	_____	_____	_____	_____

Total Estimated

Amount: _____

Funding Program**: 1.

**If using an account other than your primary, please
attach written authorization, or a signature from
someone with signature authority on the account

2.

3.

Requesting Department Approval

Approved: ☐

Comments:

Requestor

Signature: _____ Date: _____

Authorized

Signature: _____ Date: _____

ATTENTION: This form must be submitted with signatures prior to making travel arrangements.