

**REQUEST FOR AUTHORITY TO TRAVEL
ON OFFICIAL UNIVERSITY BUSINESS
(In-State Travel Only)**

Name(s) of Person(s) Traveling: _____

Nature of Official Business: _____

Date(s) to Be Absent from Campus: _____

Traveling To: _____

Means of Handling Classes and Other Business While Away: _____

Time of Departure: _____

Mode of Travel: _____

Estimated Expenses: Meals _____ Lodging _____ Transportation: _____ Total: _____

Expenses to Be Charged to Account # _____ Project # _____

Date _____ Signature _____

Approved:

Date _____ Department Head _____