

THE UNIVERSITY OF GEORGIA-ATHENS, GEORGIA 30602  
REQUEST FOR AUTHORITY TO TRAVEL ON OFFICIAL UNIVERSITY BUSINESS

(For Out of State travel only)

Submit original and all five copies

Traveler's name \_\_\_\_\_ Social Security # \_\_\_\_\_

Department \_\_\_\_\_ University Employee Yes  No

	ACCOUNT NUMBER(S)	DO NOT USE THIS SPACE	NAME OF ACCOUNT(S)	AMOUNT	DO NOT USE	NEW UNENCUMBERED BALANCE
A.						
B.						
C.						

**Itemized estimate of costs**

Meals \_\_\_\_\_  
Lodging \_\_\_\_\_  
Transportation \_\_\_\_\_  
Other (explain) \_\_\_\_\_  
TOTAL\* \_\_\_\_\_

\*Reimbursement to traveler cannot exceed amount allowable under University Travel Regulations.

Time of Departure \_\_\_\_\_

Mode of Travel \_\_\_\_\_

Nature of official business: \_\_\_\_\_

Dates to be absent from campus and address while absent \_\_\_\_\_

Means of handling classes and other business while absent \_\_\_\_\_

Indicate below if traveler wants air travel expense charged directly to the University.

Yes  \_\_\_\_\_

Give Name of desired local travel agency\*

\*Upon return of the approved copies of this authorization, the traveler may make reservations and arrange for issuance of tickets with local travel agency.

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Dean or Director \_\_\_\_\_ Date \_\_\_\_\_

Vice President \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

Fiscal Review and Approval \_\_\_\_\_ DATE \_\_\_\_\_

Vice President for Business and Finance

Trip ticket authorization for travel agency use only. By authorization of green copy of this order, please provide ticket for transportation as outlined. Only the green copy with authorized signature will be honored for payment.

FROM \_\_\_\_\_

TO \_\_\_\_\_

OW	OJ
RT	CT

TO: \_\_\_\_\_  
(Name of authorized local travel agency)

NOTICE: PLEASE NOTIFY THE EXPENDITURE CONTROL DEPARTMENT IN WRITING IF THIS AUTHORITY IS NOT EXERCISED