	TRAVEL AUTHORIZATION (Rev 7/2018)									TA#		
SC										ORIGINAL REVISED		
SC SU	**An approved TA must be submitted to the Travel Office at least two weeks prior to travel**								DATE			
TRAVELERS NAME WORK PHO								NE/EXT				
BANNER ID #							E-MAIL					
STATUS	(EX: FT FAC,	FT STAFF, S	TUDENI	Г, ETC.)			DEPARTME	ENT				
COLLECTIVE BARGAINING UNIT: AAUP MGMT							SUOAF-AFSME OTHER					
ITINERARY							DEPART				CARRIER INFO	
HOME/DUTY STATION				ТО		DATE HOUR		DATE HOUR		AIR/RAIL/BUS/AUTO		
OBJECT	AND NECH	ESSITY OF	FTRA	VEL (attac	h relevant tr	avel docume	nts Ex: Conference	e announce	ement)			
	F TRANSPO											
	R (IF FLYIN RSONALLY			Y A P ARKIN		REQUIRED)	PERMIT REQUES HICLE	TED?	YES NO			
(COPY OF DECLARATION PAGE OF INSURANCE POLICY REQUIRED. ATTACH LIST OF ADD'L RIDERS )   Yes Vendors FEIN # (Mandatory)   Amount									For Accounts Payable Use Only			
Prepay R	Prepay Registration			Vendor	SFEIN#(M	landatory)	Amount	-	For Accounts Pa Inv #		Ck Date	
Prepay L	odging/Hote	1										
Travel A	Travel Advance											
Airfare/Rail P-Card or Foreign Wire							Lodging (incl tax) P-Card or Foreign Wire					
Taxi P-Card							Meals (Per Diem Rate \$) www.gsa.gov					
Rental Car (attach justification) P-Card							Registration P-Card or Foreign Wire					
Personal Mileage							Other P-Card or Foreign Wire					
Parking/Toll TOTAL								ESTIMATED COSTS				
IN		ACCT				AMOUN	AMOUNT		UTH	APPROVAL		
Travelers Signature:									Date:			
Supervisor/Approving Auth:									Date:			
Budget Auth (if different than Supervisor):									Date:			
Chair/Dean/VP:									Date:			
President:												
1100100	ent:								Date:			