

Undergraduate Education Travel Authorization Form



Complete all sections of this form to request departmental travel

Traveler Name	Employee ID Number	Account Number

Campus Address: _____ Phone Number: _____

Destination and Purpose of Trip:

Departure Date/Time: _____ Return Date/Time: _____

3rd Party Funding Reimbursement: No Yes, Please include information below:

Will Personal Travel be included: No Yes, Please provide dates below:

Method of Travel: UK Vehicle *Rental Car Airlines *Personal Vehicle Other

If Other, please explain: _____

Estimated Expenses:

Please note: All receipts for travel reimbursement must be ORIGINAL receipts.

Choose One

Registration:	\$_____	ProCard	Personal
Airfare:	\$_____	ProCard	Personal
Lodging:	\$_____	ProCard	Personal
Ground/Park:	\$_____	ProCard	Personal
Miscellaneous:	\$_____	ProCard	Personal

Per Diem (The rate will be calculated for you, but please include the meals that you will need reimbursed):

Traveler Signature: _____ Supervisor Approval: _____

*If you are taking a personal vehicle or a rental vehicle, and the destination is over 400 miles in one direction, you will need to obtain an airfare comparison for accounts payable. You will also need to turn in a written statement explaining why the vehicle is necessary.