



TRAVEL AUTHORIZATION FORM

Authorization to Travel on University Business is Requested as Follows: (*Required Fields)

Name of Traveler* _____ Employee ID #* _____

Travel Period*: From: _____ To: _____

Destination* (if multiple destinations provide detail):

Purpose of Travel* _____

External Funding Source (if applicable) _____ Amount _____

* ADDITIONAL PERSONNEL ON TRIP

Mode of transport:				UPEI VEHICLE
AIRPLANE	BUS	CAR RENTAL	PRIVATE CAR	Dept & Model

*GL: _____ Project ID: (For Research): _____ Amount (%): _____

GL: _____ Project ID: (For Research): _____ Amount (%): _____

Signature of Traveler _____

Authorized By:

Name of Account Authority _____ Signature _____

Name of Supervisor _____ Signature _____

** Required if Account Holder is not the Traveler's Supervisor or if the Account Holder is the Traveler