UNIVERSITY OF CENTRAL MISSOURI
OFFICE OF
ACCOUNTS PAYABLE

TRAVEL PRE-AUTHORIZATION FORM
for OVERNIGHT TRAVEL

Please attach conference registration form

Employee: _____ **ID Number:** _____

Date of Departure: _____ **Date of Return:** _____

Conference/Event Title: _____ **Location:** _____

Event Description: _____

Presentation Title: _____

Other UCM Attendees: _____

Estimated Travel Costs:

Airfare:
Conference / Seminar Fees:
Lodging:
Meals:
Mileage:
Rental Car:
Other Travel Expenses: _____

Total Estimated Cost *(formula)* $ 0.00

_____ _____
Employee Signature ***Date***

_____ _____
Supervisor's Signature ***Date***

Directions: Prior to an "overnight" business trip or conference perform the following:

1. **Complete this form indicating your best estimate of the total cost of the trip. The estimate is an approximation and does not have to be precise.**
2. **Prior to your overnight trip, provide the completed form to your supervisor for his or her signature authorizing the trip.**
3. **Upon returning from the business trip, submit the "Travel Pre-Authorization" form along with your travel voucher and receipts to Accounts Payable Department via the pre-printed blue envelopes provided to your office professional and/or attach to your travel expense summary form.**