



## PROFESSIONAL TRAVEL AUTHORIZATION REQUEST FORM

*All information must be complete and accurate prior to submission for signatures.*

Traveler's Name:	<input type="text"/>	Employee ID #	<input type="text"/>
Department:	<input type="text"/>	Home Campus:	<input type="text"/>
Type of Travel:	<input type="text"/>	Mode of Travel:	<input type="text"/>
Travel Dates:	<input type="text"/>	Destination:	<input type="text"/>
Purpose of Trip:	<input type="text"/>		

### ITEMIZED ESTIMATE OF COSTS

Lodging:

Transportation:

Meals:

Registration Fees:

Other:

TOTAL COST:

If other please explain:

Means of handling classes and other business while absent:

### REVENUE/BUDGET SOURCE

Account Name (REQUIRED):

Account Number (REQUIRED):

Account Type:

If other please explain:

Sponsoring Department:

Employee Signature:

Date:

Supervisor Signature:

Date:

Budgetary Signature:

Date:

### INTERNATIONAL TRAVEL ONLY

**CGE MUST SIGN THEIR APPROVAL ON ALL INTERNATIONAL TRAVEL**

Travel Warnings:

Date(s) Confirmed:

CGE Signature:

Date:

Vice President Signature:

Date:

President Signature:

Date: