DOMESTIC TRAVEL AUTHORIZATION
Faculty and Staff Only

NAME		DATE	
TITLE		DEPT	
DATES	Dates FROM	Dates TO	

DISPOSITION OF DUTIES WHILE ABSENT:	RESEARCH ☐	ORGANIZED CLASSES ☐	ADMINISTRATION ☐

STATEMENT OF DISPOSITION OF DUTIES, INCLUDING NAME AND TITLE OF PERSONNEL COVERING TRAVELERS DUTIES:

STATEMENT OF PURPOSE (INCLUDE DESTINATION)

COST CENTER:	TRAVEL ADVANCE REQUESTED:	ON UTD PAYROLL DURING TRAVEL:
		YES ☐ NO ☐

GSA LIMITS		DIRECT BILL	
MEALS	LODGING	AIRFARE	RENTAL

ESTIMATED OUT-OF-POCKET EXPENSES				
TRANSPORTATION	MEALS	LODGING	OTHER	ESTIMATED TOTAL

ITINERARY					
DATE	FROM	TO	DEPART	ARRIVE	CARRIER & FLIGHT NUMBER/VEHICLE

EMPLOYEE SIGNATURE	DATE
DEPARTMENT HEAD OR ADMINISTRATIVE SUPERVISOR SIGNATURE	DATE

CONTACT PERSON	EXTENSION	FAX	MAIL STATION

(Rev: 09/2017)