



Travel Office Only	
CU	Airline:
Registration:	

SECTION 1 - TRAVELER INFORMATION (To be completed by Traveler or Preparer)						
TRAVELERS NAME:						
EMPLOYEE ID:						
TITLE:						
DEPARTMENT:						
DEPARTURE DATE:		RETURN DATE:				
LOCATION:						
Acct Code		Fund	Dept	Program	Class	Project
641100	EMPLOYEE					
651000	STUDENT					

Travelers Signature

Date

SECTION 2 - DEPARTMENT CONTACT INFORMATION (To be completed by Preparer)	
DEPARTMENT NAME:	
PREPARED BY: (Signature)	
PRINTED NAME:	
PHONE NUMBER:	

SECTION 4 - TRAVEL OFFICE ONLY						
<i>Acct Code</i>	<i>Description</i>	<i>Amount</i>		<i>Acct Code</i>	<i>Description</i>	<i>Amount</i>
641110	GTRANSP			641150	MISC	
641120	AIRTRVL			641160	RENTCAR	
641130	MEALS			641170	PARKING	
641140	LODGING			641510	MILEAGE	
TOTAL EXPENSE:						

SECTION 4 - ESTIMATED COST (To be completed by Traveler or Preparer)

Acct Code	Description	Amount
727121	REGISTRATION Prepaid on Pcard Check One: Yes NO	
641110	TRANSPORTATION (Gas, Public Trans, Taxi, Train, Tolls)	
641120	AIRLINES Check One: Reimburse Direct Bill	
641130	MEALS	
641140	LODGING	
641150	MISC	
641160	RENTCAR Check One: Reimburse Direct Bill	
641170	PARKING	
641510	MILEAGE (miles x \$0.545)	
	OTHER	
TOTAL ESTIMATED COST :		

SECTION 5 - TRAVEL PLANS (To be completed by Traveler or Preparer)

[illegible]

SECTION 6 - TRAVEL APPROVALS (Approving officials **MUST** have supervisory and budgetary authority over traveler)

Travel may NOT be self-approved.

SUPERVISORY APPROVAL TO BE ABSENT FROM CAMPUS		BUDGETARY APPROVAL TO PAY	
Name:		Name:	
Title:		Title:	
Signature:		Signature:	
Date:		Date:	

SECTION 7 - FOREIGN TRAVEL APPROVALS

Chairman /Dean/Director/VP (Signature)	Printed Name:	Date:
Sponsored Acctng (Signature)	Printed Name:	Date:

Once completed with approvals, return this form to the AU Travel Office, HS-B160 for processing.