

For Office Use Only	Staff Initials: _____	Completed Date: _____
Travel Authorization # _____	Travel Registry # (if Applicable): _____	DV# _____

SGPP TRAVEL AUTHORIZATION WORKSHEET

Travel Authorizations must be on file in order to seek reimbursement for expenses.

**Per UA Policy, Travel Authorizations must be completed 30 days PRIOR to departure.*

NAME _____ **Employee ID#** _____

Today's Date: _____

Faculty Advisor (if Applicable) _____

Faculty Advisor Signature (for Grads traveling using Grant funding): _____

Mode of Travel (rental/personal vehicle, airplane, etc.) _____

Date & Location of Departure _____

Date & Location of Final Destination _____

Date & Location of Return _____

Business Purpose for Expense (Conference/ Workshop/ Speaking Invitation)

Location/Address of Lodging _____

Website hyperlink for Business purpose (Conference/ Workshop/ Speaking Invitation)

Sponsoring Organization Paying any expenses? _____

Account to process payment _____

Personal Time during Travel (Please indicate dates):

Additional Notes for Staff:

