

HDFS TRAVEL AUTHORIZATION FORM

****Must be submitted at least 2 weeks prior to departure****

___ Funds Requested
___ Complimentary

Name: _____

Email: _____

Department Budget #: _____ Fund # _____ Project ID # _____

(If unknown, please obtain from person funding your travel prior to submitting form).

Name of Meeting/Conference _____

City _____ State _____ Venue (if known) _____

Departure Date: _____ Time _____ Return Date: _____ Time _____

Purpose of Trip (documentation required): _____

Benefit to the University and to the Project: _____

Means of covering departmental responsibilities while out on travel (if applicable) _____

List Estimated Expenses Below (ALL Receipts required at time of Reimbursement):

Amount

Registration	_____	
Lodging	\$_____ (per night) x _____ (# of nights) receipt in traveler's name required	
Air Travel	Airline(s): _____ Ticket # _____ (include itinerary)	
Car Rental	\$_____ (Class "B" Car <u>only</u>) Rental Company: _____	
Mileage	Please see travel notes for vicinity mileage. _____ (# of miles) x .445 per mile (map mileage print-out required)	
Per Diem or Meals	___ days @ \$80.00/day OR (NOTE: COGS WILL NOT PAY PER DIEM) ___ (# Breakfasts @ \$6) ___ (# Lunches @ \$11) ___ (# Dinners @ \$19)	
Public/Paid Transportation	Taxi, bus, subway, etc.:	
Parking:		
Other:		
Other		
	TOTAL:	

Traveler's Signature: _____

Date: _____

Authorized Signature: _____

Date: _____