

Travel Authorization Form

Department:					Date of Travel Request:		
	to descend by the state of the						
I request authorization to travel as indicated below and to incur necessary expense in accordance with applicable travel procedures.							
					Signature		
Name:			Phone:	Phone: of Traveler:			
Date of Departure	Date of Return	Purpose					
		of Travel:					
Mode of Travel & Estimated Cost - Check One Mileage Est.				Mileage Cost Est.	Transportation Cost Estimate: \$		
NTU Vehicle	Private Vehicle		miles @	c/mile \$	Transportation Cost Estimate: \$		
Other Possible						Misc. Cost Estimate	
Expense (Itemize):							
						•	
Destination:							
I hereby approve this travel request.			Det	Approved	Charge to Acct. No.	Total	
Thereby approve t	nis travel request.		Date	Approved	Charge to Acct. No.	Total	
			-			Cost Estimate \$	
Department Head							
Travel Authorized by:			Date	Approved	Charge to Acct. No.		
						Total	
Chief Financial Officer						Advance \$	
TRAVEL EXPENSE STATEMENT							
Transportation:							
Lodging:							
Meal(s) - Per Diem:							
Other:							
TOTAL Reimbursement Request: \$							
I declare and affirm, under the penalties of perjury, that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.							
NOTE: Attach NTU Travel Request Form & NTU Vehicle Use Form							