

DOMESTIC TRAVEL AUTHORIZATION

Complete this form & submit it to the appropriate administrator for approval prior to making travel arrangements

Upon making Connexus reservation, enter TRIP RECORD LOCATOR below in space provided.

Attach this completed & approved form with **either** Request for Travel Advance **or** Travel Claim & Expense Report

Check(s) for travel advance or reimbursement of travel costs will not be made without prior approval via this form.

TRAVELER'S NAME: _____ UIN: _____

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PURPOSE OF TRIP: _____

DESTINATION: _____

MODE OF TRAVEL: _____

DEPARTURE DATE: ____ / ____ / ____

RETURN DATE: ____ / ____ / ____

SCHEDULED WORK/MTG/CONFERENCE BEGINS:

AND ENDS:

DATE: __ / __ / __ TIME: __ A.M./P.M.

DATE: __ / __ / __ TIME: __ A.M./P.M.

I request authorization to travel, as documented above.

Signature of Traveler: _____

Date: ____ / ____ / ____

In approving this travel request, I certify that if a motor vehicle is used, the employee has completed a defensive driving class and has a current defensive driver card.

AUTHORIZATION OF DEAN OR APPROPRIATE VP:

Name: _____

Signature: _____

Date: ____ / ____ / ____

CONNEXXUS TRIP RECORD LOCATOR (REQUIRED) : _____