

TRAVEL AUTHORIZATION

Date:

TRAVELER & DEPARTMENT INFORMATION		
NAME	DEPARTMENT NAME	DEPARTMENT NO.
EMPLID - Be sure to enter your Student ID#	DEPARTMENT PO BOX ADDRESS	ROOM NUMBER
CONTACT NAME/TITLE		PHONE NUMBER
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER		

TRAVEL ORDER	
BUSINESS PURPOSE OF TRIP: (conference dates)	<input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> INTERNATIONAL*
FUNDING SOURCE:	
MODE OF TRANSPORTATION:	DUTY POST:
CITY, STATE DEPARTING FROM:	DEPARTURE DATE: MM/DD/YY
CITY, STATE RETURNING FROM:	RETURN DATE: MM/DD/YY
** ATTACH ITINERARY IF MULTIPLE LOCATIONS **	DESIGNATED LODGING: <input type="checkbox"/> YES <input type="checkbox"/> NO

EXCEPTIONS	* INTERNATIONAL TRAVEL
<input type="checkbox"/> Vehicle taken out of state: <input type="checkbox"/> State-owned <input type="checkbox"/> Rental <input type="checkbox"/> Private <input type="checkbox"/> Long-term travel status (if travel will exceed 30 days, state reason) <input type="checkbox"/> Personal time taken (state reason and how long) <input type="checkbox"/> Use of other than coach/economy travel on commercial airlines (state reason) <input type="checkbox"/> Miscellaneous – explain JUSTIFICATION / REASON:	<input type="checkbox"/> INTERNATIONAL TRAVEL REGISTRY #: If you are traveling internationally, you must register your trip through the UA International Travel Registry prior to departure: http://ua-risk.terradotta.com <input type="checkbox"/> TRAVEL WARNING COUNTRY If your destination has a Travel Warning issued by the U.S. State Department, you must submit a "Supplemental Authorization Form for Travel Warning Areas" along with this Travel Authorization. Check current Travel Warnings at: http://travel.state.gov

TRAVEL ADVANCES (OPTIONAL)			
AMOUNT	ACCOUNT #	DATE REQUIRED	<input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT
Important Please Read Before Signing: The University of Arizona is authorized to deduct the amount of the travel advance from any future expense reimbursements or pay due the traveler. The advance must be settled in full within ten days from the return of the trip. In the event these sources are not adequate or in the event of severance of my employment with The University of Arizona, the advance shall become due and payable immediately. It shall bear interest at the rate of 9% annum starting thirty days after the return date of the trip. In the event that it should become necessary to enforce collection of this advance, or any part thereof by suit or otherwise, I do further agree to pay any and all costs of collection including a reasonable attorney' s fee.			
PAYEE SIGNATURE ONLY TO BE SIGNED IF ADVANCE IS RECEIVED			DATE

PLEASE USE COLORED INK FOR SIGNATURES SO THAT ORIGINALS CAN BE DISTINGUISHED FROM PHOTOCOPIES

APPROVALS			
I HEREBY CERTIFY THAT THE TRAVEL AUTHORIZED ABOVE IS FOR A VALID PUBLIC PURPOSE AND THAT THE FUNDS HAVE BEEN APPROPRIATED OR ARE OTHERWISE AVAILABLE FOR PAYMENT OF ANY CLAIMS MADE HEREUNDER, AND THAT IF THE AVAILABLE FUNDS ARE FROM A FEDERAL GRANT, CONTRACT OR SOURCE, THIS TRAVEL IS AUTHORIZED UNDER THE TERMS OF SUCH GRANT, CONTRACT OR SOURCE. THIS AUTHORIZED DEPARTMENTAL APPROVER/P.I. AND/OR COLLEGE/DIVISION AGREES TO ALL EXCEPTIONS NOTED ON THIS TRAVEL ORDER.			
AUTH. DEPT. APPROVER/P.I.	NAME/TITLE	SIGNATURE	DATE

Please forward completed form to: **FSO-Operations, Travel Office, PO BOX 210158, USB 402**