

GRADUATE DIVISION TRAVEL AUTHORIZATION REQUEST

Traveler's Name: _____		Request Date: _____							
Conference/Meeting Name: _____		Travel Dates (From/To): _____							
Purpose of trip/justification (Who, What, Where, When & Why?):									
Estimated Costs:		Amount:	Administrative Use Only						
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #e0e0e0;">Confirmation#</th> <th style="background-color: #e0e0e0;">Initials</th> <th style="background-color: #e0e0e0;">Date</th> <th style="background-color: #e0e0e0;">Amount</th> </tr> </table>	Confirmation#	Initials	Date	Amount		
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Conference/Registration Fee									
Rental Car & Gas (<i>Receipts REQUIRED</i>)									
Mileage/Personal Car (# of miles x \$0.54) - If no rental car									
Lodging (<i>Receipts REQUIRED</i>)									
Airfare (attach list of 3 flight options in order of preference)									
Meals & Incidentals (\$74 max per day - Receipts <i>REQUIRED</i>)									
Other									
Total Estimated Cost:			Total Cost:						
For Travel That Includes Airfare									
Does trip include personal travel days? ☐ Yes ☐ No		Please provide personal travel dates:							
Comparison Airfare Information Note: comparison airfare documentation must be attached when requesting the PTA and when submitting for travel reimbursement		What is cost of business travel <u>without</u> personal days							
		What is the cost of business travel with personal days							
		What is the difference in cost?							
<i>If there are personal travel days, a comparable airfare for the business portion of the trip must be obtained before a PTA is issued.</i> If the cost with personal travel is higher than the cost without personal travel, the traveler must purchase the ticket out-of-pocket and be reimbursed for the cost of the business portion after travel has been completed.									
Special Remarks:									
Please attach: Copy of the agenda/program Registration information (<i>if applicable</i>)		Traveler Signature _____ Print Name _____ Date _____							
		Supervisor Signature _____ Print Name _____ Date _____							
		Department Authorization Signature: Marjorie Zatz _____ Date _____							
Administrative Use Only									
FAU(s) to be charged	Location	Account	Fund	CC	Project	Sub	Object	Source	Amount
Budget Approval: _____ Maria Tinoco, Business Services Manager _____ Date PTA# (if applicable): _____									