

Travel Authorization Form

For use with financial policy 2.1.6 – Travel Expenses

Name of Travele	er/Group:				Traveler is:	Faculty	Staff	Student
Job Title:					Group (attach a list of all travelers)			
College/Department:					Non-employee (specify)			
Telephone:					Purpose of travel:			
ML:								
E-mail:								
Travel is: Travel Dates: Indicate any date	Domestic to to to to es within travel possessions.	International eriod that are for	Promptly send a copy of Forms for international transfer Destination(s): personal travel:	all approve avel to UC	d Travel Authorization International ML0640	For internal us	se by unit:	
Submitted by:				Å	Approved by:			
Traveler's Signature* or Authorized Signature for Group				т	ype/Print Name			
* When using a personally-owned vehicle for travel, this signature certifies the traveler has a valid U.S. or Canadian driver's license and the required insurance coverage.				s	Supervisor* Signature			Date

- If requesting any pre-payment, send a copy of this completed, dated and approved Travel Authorization Form with the Travel Expense Report to Accounts Payable prior to the trip.
- Following the trip, attach this completed, dated and approved Travel Authorization Form to the Travel Expense Report.
- The traveler should retain a copy of the signed Travel Authorization Form and make it available upon request from Internal Audit.
- For non-employee or student travel, the authorization should be approved by the unit head of the organization funding the travel.