

Travel Authorization Request Form

Must be turned in two weeks in advance to Cara Brewer

Name: _____ A#: _____

Phone: _____ Email: _____

Dates of travel: _____ Name of Conference: _____

Destination: _____
City, ST Reason for Travel Presenting/Meeting/Other Purpose

Project name: _____

Estimated costs:

Airfare:	
Mileage: reimbursed at \$0.52 per mile from USU to destination	
Lodging: (no incidentals)	
Parking & Transportation	
Per Diem: (less meals included in registration)	
Registration fees:	
Misc. Other (Baggage, Rental Car, etc.):	
International Travel Insurance	
Estimated total cost:	

Group Travel: For those who will be splitting costs with other USU employees while traveling, please provide the following:

Other Travelers in Group	A#

Approval of funding: _____

Index#: _____