

## **Travel Authorization Request**

All travel must be authorized PRIOR to travel. Please submit completed form to department Business Manager. Once approved the department Travel Specialist will enter into the travel system. DO NOT input your own travel request OR travel reimbursement into ServiceNow. Travel related expenses should not be incurred until you have received the *Travel Authorization Approval Request* email from the Travel Office. Review of USU Travel Policy 515 is required

Name:		A#		Date:	
Phone#:	Email:				
Dates of Travel: <b>DEPART</b>	at	a.m. p.m.	RETURN _	at	a.m. p.m.
Destination:	]	Reason for Travel:			
City, ST Others in Party:				Conference / Meeting / Purpose	
Emergency Contact Information (name & p					
	Cost Estin	nate MUS <sup>-</sup> not applicable	Г be com		
Conference Registration: \$ -				Lodging: \$	
Airfare: \$ –				Parking: \$	
Taxi/Bus/Shuttle (in destination city): \$ –			Misc (Ba	ggage, Rental Car, etc.) <b>:</b> \$	
# of Meals Included in Registration / Pro	ovided: B	L	D _		
		Accommoda	ations		
<u>Please choose option from the drop-down</u> Local Travel	menus for ea	ach section			
Conf. Registration					
Airfare					
Travel to Airport					
Funding Source					
NOTE: Please list all destinations (includi	ng layovers a	nd planned stops	during trip	), any special arrangements or p	ersonal travel, etc.

By clicking this box, I acknowledge that I have reviewed and agree to adhere to USU Travel Policy 515

Travel Authorized (Dept Business Manager): Account / Index #: