

SCHOOL OF SOCIAL SCIENCES

Travel Authorization Form

Please complete this form and submit it to your Department Chair for approval, prior to absence from campus. Attach to Concur travel request.

Name	Title/Position	on	Department		Campus Phone Number
Absence and Destination Information					
Date(s) of Absence			City		State
Reason for Absence					
- · · ·					
Will this absence impact your schedul teaching responsibilities? Yes No	ed If yes, please o	Teaching Arrangements If yes, please describe below how teaching responsibilities will be covered Whenever possible, it is preferred that your classes continue to meet as or			
Anticipated Funding Sources Use the drop down below to select your anticipated funding source. If unknown, select other.					
		dditional Information		Expense of Trip	
Funding Source			Grant Fund number if applicable)		Not to Exceed
Travel Advances, International Travel, and Lodging					
Traver Navances, international Travel, and coughing					
If you require a travel advance or are travelling internationally (which requires pre-approval from the President of the University), visit the Financial Services Travel Information page for more information and the appropriate forms. For international travel, include a comment in Concur that you have begun working on the international travel requirements.					
Will your lodging arrangements exceed \$275 per night (excluding taxes)? Yes No If "Yes", please provide an explanation for the business reason to stay at the hoteless are not stay at the h					y at the hotel below.
Signatures and Approval					
		Trav	eler's Signature (Required)		Date (Must be prior to travel)
Traveler's Signature (Required					
Depart		oval Signature(s) (Required)		Date (Must be prior to travel)	