

Travel Authorization

General Information

Date			Department			Accounting Unit / Account		
Employee			Employee ID #			Title		
Departmental Mailing Address						Work Phone		
Check Reason for Travel:			Method of Travel:			Give Destination and explain purpose for trip		
<input type="checkbox"/> State Business <input type="checkbox"/> Conference / Convent <input type="checkbox"/> Research <input type="checkbox"/> Staff Training / Dev <input type="checkbox"/> Student Teaching <input type="checkbox"/> Other			<input type="checkbox"/> Airline <input type="checkbox"/> Rail <input type="checkbox"/> State Vehicle <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Other			 		

Travel Description

City	Departure Date	Time	City	Arrival Date	Time	Estimated Cost
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	
Hotel Name	Dates Needed		Total Nights Needed			
Car Rental Company	Dates Needed		Total Number of Days			
Meals						
<input type="checkbox"/> Ground Transportation at Destination	Private Vehicle		Miles x	Rate per Mile	-	
Other (Registration, Parking, Etc)						
Total Estimated Cost of Travel						\$ -
Total Reimbursement by Department						

Department Certification

TRAVELER'S RESPONSIBILITIES		
I certify that the charges to be made are reasonable, will be in accordance with VCU Health System's Regulations, and will be limited to those required in an official capacity.		
Signature of Traveler	Phone Number & Extension	Date
Department Chairman / Administrator Approval	Phone Number & Extension	Date

A completed Travel Authorization Form must be attached to a Travel Reimbursement Request or Travel Advance Request if travel is out-of-state and/or travel expenses greater than \$5,000