



180 FREDONIA

Date: _____

Travel Authorization

Submit two weeks in advance of trip, if possible

Traveler: Name of Traveler: _____
(Last) (First)

Title: _____ Dept. or Program: _____

Destination: _____

Departure Date: _____ Return Date: _____

Purpose: Include name of association or organization sponsoring meeting, along with reason -- use full names of organization NOT initials:

Other funding: _____

Cost: Means of Transportation: State Vehicle _____
Personal Car _____
Common Carrier _____
Other _____

Expense Estimate: Transportation \$ _____
Meals & Lodging \$ _____
Other \$ _____
TOTAL \$ _____

SPECIAL NOTES:

Funding from Account # _____ Other: _____

Traveler Signature _____ Date _____

Reimbursement: Approval is granted for the above traveler to be absent from the Campus during the period indicated.

Check one: _____ Full reimbursement of travel expenses is authorized.
 _____ Reimbursement of expenses may not exceed \$ _____.
 _____ College car only.
 _____ No reimbursement.

Supervisor Signature _____ Date _____

Director, SPO _____ Date _____