



**Travel Authorization - Non Employee**

Date: \_\_\_\_\_

Div/Dept: \_\_\_\_\_

Department  
Email: \_\_\_\_\_

Department Phone: \_\_\_\_\_

Full Traveler Name: \_\_\_\_\_

(As appears on passport or Driver's License)

Student ID (917): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State & ZIP: \_\_\_\_\_

**Travel Description**

Depart Date	Return Date	City	State	Country

**Travel Purpose:**

*Required for Candidate Travel Only*

Title of Presentation: \_\_\_\_\_

Open Position:

Faculty

Position for Consideration: \_\_\_\_\_

Senior Administrator

**Estimated Cost**

Lodging-651140: \_\_\_\_\_

Airfare & Baggage-651120: \_\_\_\_\_

Meals-651130: \_\_\_\_\_

Rental Car-651160: \_\_\_\_\_

Registration-727110: \_\_\_\_\_

Parking-651170: \_\_\_\_\_

Comm Trans-651110: \_\_\_\_\_  
(fuel,taxi,tolls,shuttle)

Personal Auto-651510:

Miles: \_\_\_\_\_

Incidentals-651150: \_\_\_\_\_

Rate: \_\_\_\_\_

Other: \_\_\_\_\_

Cost: \_\_\_\_\_

RATES: Tier 1: 0.56 / Tier 2: 0.16

**TOTAL:**

Account Distribution:

Line	Fund	Dept ID	Program	Class	Project*	Amount
Line 1						
Line 2						

*\*Requires approval of Sponsored Operations*

Approving Official

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Research & Sponsored Projects  
(If Required)

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Required for Candidate Travel Only*

Print Name \_\_\_\_\_

Signature of Approving Dean/Vice President \_\_\_\_\_

Date \_\_\_\_\_