

## **Travel Authorization Form**

For use with financial policy 2.1.6 – Travel Expenses

Name of Travele	er/Group:				Traveler is:	Faculty	Staff	Student
Job Title:					Group (attach a list of all travelers)			
College/Department:					Non-employee (specify)			
Telephone:					Purpose of travel:			
ML:								
E-mail:								
Travel is: Travel Dates: Indicate any dat	to to to to es within travel po	International eriod that are for	Promptly send a copy of a Forms for international transformation (s):  Destination (s):	all approved avel to UC Ir	l Travel Authorization nternational ML0640	For internal us	e by unit:	
Submitted by:				A	pproved by:			
Traveler's Signature* or Authorized Signature for Group				Ту	pe/Print Name			
* When using a personally-owned vehicle for travel, this signature certifies the traveler has a valid U.S. or Canadian driver's license and the required insurance coverage.				Su	pervisor* Signature			Date

- If requesting any pre-payment, send a copy of this completed, dated and approved Travel Authorization Form with the Travel Expense Report to Accounts Payable prior to the trip.
- Following the trip, attach this completed, dated and approved Travel Authorization Form to the Travel Expense Report.
- The traveler should retain a copy of the signed Travel Authorization Form and make it available upon request from Internal Audit.
- For non-employee or student travel, the authorization should be approved by the unit head of the organization funding the travel.