

School of International Languages, Literatures and Cultures (SILLC) Travel Authorization Form

Traveler Name: _____ Department: _____
 Employee ID: _____ Type of Travel: In-State Out-of-State Foreign
 Purpose of travel:
 If attending a conference
 Full conference title: _____
 Conference website: _____
 Travel Dates: _____ to _____
 City/State Departing from: _____ City/State Returning from: _____
 Provide course numbers that may benefit from the event and briefly explain how:

 Mode of transportation:
 Commercial Air Rental Vehicle Other
 Personal Vehicle University Vehicle
Personal time dates and reason:
If taking personal time, please provide comparison flights, and a printout of the itineraries:
 Flight cost WITHOUT personal time: _____
 Flight cost WITH personal time: _____
 Check box if you are travelling to a Travel Warning Country: **
 *If multiple destinations, travel itinerary MUST accompany form.
 If box is checked, Travel Authorization Form **MUST be accompanied by *Travel Supplemental Authorization Form for Travel Warning Areas*.

Estimated Travel Expenses:

	AMOUNT REQUESTED:
Transportation:	\$ _____
Meals/Per Diem:	\$ _____
Lodging:	\$ _____
Conference Registration:	\$ _____
Total:	\$ _____

TOTAL APPROVED:
\$ _____

Source(s) of Funding:

- Department
- R&T
- Faculty Fellows
- Other (specify) _____

Class Coverage:

Is class coverage needed? No Yes (If "Yes" complete information below)

Course Number (i.e. FREN 123)	Days (i.e. MWF)	Time (i.e. 2-3:15pm)	Covered by (Name)

Traveler Signature

Date

Department/Program Head Signature

Date