

# College of Public Health

Request for Authority to Travel on Official University Business

## FOR IN-STATE TRAVEL ONLY

*Submit Original to: Business Office, College of Public Health, 123 Paul D. Coverdell Center*

Traveler's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Department \_\_\_\_\_

| Account Number (s) | Name of Account (s) | Amount |
|--------------------|---------------------|--------|
|                    |                     |        |
|                    |                     |        |
|                    |                     |        |

**Reimbursement to traveler cannot exceed amount allowable under University Travel Regulations**

Itemized estimate of costs:

Meals \_\_\_\_\_ Time of Departure \_\_\_\_\_  
Lodging \_\_\_\_\_ Mode of Travel \_\_\_\_\_  
Transportation \_\_\_\_\_  
Other (explain) \_\_\_\_\_  
Total \_\_\_\_\_

Nature of official business \_\_\_\_\_

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Dates of trip and address while absent \_\_\_\_\_

Local Contact \_\_\_\_\_

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Means of handling classes and other business while absent \_\_\_\_\_

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Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_