

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, Paul D. Coverdell Center

Traveler's Name _____

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 _____ T _____ Time of Departure _____
Lodging _____ Mode of Travel _____
Transportation _____
Other (explain) _____
Total _____

Nature of official business _____

Dates of trip and address while absent _____

Local Contact _____

Means of handling classes and other business while absent _____

Traveler's Signature _____ Date _____

Department Head _____ Date _____

Dean _____ Date _____