

THE UNIVERSITY OF ARIZONA,  
**TRAVEL AUTHORIZATION**

DATE

| TRAVELER & DEPARTMENT INFORMATION |   |                |  |
|-----------------------------------|---|----------------|--|
| NAME                              | DEPARTMENT NAME                         | DEPARTMENT NO. |  |
| EMPLOYEE ID                       | DEPARTMENT P.O. BOX ADDRESS<br>P.O. Box | ROOM NUMBER    |  |
| EMPLOYEE    STUDENT    OTHER      | CONTACT NAME/TITLE                      | PHONE NUMBER   |  |

| TRAVEL ORDER            |                                 |           |         |
|-------------------------|---------------------------------|-----------|---------|
| PURPOSE OF TRIP:        | IN-STATE                        | OUT-STATE | FOREIGN |
| Mode of transportation: | Duty post:                      |           |         |
| City departing from:    | Date                            |           |         |
| City returning from:    | Date                            |           |         |
| Conference dates/times: | Designated Lodging    Yes    No |           |         |

| ENCUMBRANCES  |    |    |    |    |    |        |
|---------------|----|----|----|----|----|--------|
|               | #1 | #2 | #3 | #4 | #5 | Totals |
| Account # (s) |    |    |    |    |    |        |
| Amount (s)    |    |    |    |    |    |        |

| TRAVEL ADVANCES (Optional) |                   |               |            |       |
|----------------------------|-------------------|---------------|------------|-------|
| AMOUNT                     | GL ACCOUNT NUMBER | DATE REQUIRED | ISSUE DATE | DEBIT |
|                            |                   |               |            |       |

**Important Please Read before signing\*\*** The University of Arizona is authorized to deduct the amount of the travel advance from any future expense reimbursements or pay due the traveler. The advance must be settled in full within ten days from the return of the trip. In the event these sources are not adequate or in the event of severance of my employment with The University of Arizona, the advance shall become due and payable immediately. It shall bear interest at the rate of 9% annum starting thirty days after the return date of the trip. In the event that it should become necessary to enforce collection of this advance, or any part thereof, by suit or otherwise, I do further agree to pay any and all costs of collection including a reasonable attorney's fee.

|                 |      |
|-----------------|------|
| PAYEE SIGNATURE | DATE |
|-----------------|------|

| EXCEPTIONS   |   |
|--|---|
| <input type="checkbox"/> Vehicle taken out of state: <ul style="list-style-type: none"> <li><input type="checkbox"/> State-owned (§ 14.10, par. 12) state reason</li> <li><input type="checkbox"/> Rental (§ 14.15, par. 10) state reason</li> <li><input type="checkbox"/> Private (§ 14.10, par. 16) state reason</li> </ul> <input type="checkbox"/> Private Aircraft (§ 14.15, par. 20) state reason and contact travel<br><input type="checkbox"/> Long term travel status – If travel will exceed 30 days (§ 14.13, par. 6) state reason<br><input type="checkbox"/> Personal time (§ 14.10, par. 9) state reason and how long<br><input type="checkbox"/> Use of other than coach/economy travel on commercial airlines (§ 14.15, par. 15) state reason<br><input type="checkbox"/> Use of chartered/rented aircraft and rented motor vehicle (§ 14.15, par. 10) state reason<br><input type="checkbox"/> Miscellaneous - Explain | <b>JUSTIFICATION MEMO:</b><br><br><div style="border: 1px solid black; height: 150px;"></div> |

PLEASE USE COLORED INK FOR SIGNATURES SO THAT ORIGINALS CAN BE DISTINGUISHED FROM PHOTOCOPIES.

| APPROVALS  |            |      |      |
|--|------------|------|------|
| I HEREBY CERTIFY THAT THE TRAVEL AUTHORIZED ABOVE IS FOR A VALID PUBLIC PURPOSE AND THAT THE FUNDS HAVE BEEN APPROPRIATED OR ARE OTHERWISE AVAILABLE FOR PAYMENT OF ANY CLAIMS MADE HEREUNDER, AND THAT IF THE AVAILABLE FUNDS ARE FROM A FEDERAL GRANT, CONTRACT OR SOURCE. THIS TRAVEL IS AUTHORIZED UNDER THE TERMS OF SUCH GRANT, CONTRACT OR SOURCE. THIS AUTHORIZED DEPARTMENTAL APPROVER/P.I. AND/OR COLLEGE/DIVISION AGREES TO ALL EXCEPTIONS NOTED ON THIS TRAVEL ORDER |            |      |      |
| AUTH. DEPT. APPROVER/P.I   | Name/Title | SIGN | DATE |
| COLLEGE/DIVISION   | Name/title | SIGN | DATE |
| FUND ACCOUNTANT  | Name/title | SIGN | DATE |