CLEAR ALL FIELDS

GET NEW FORM

THE UNIVERSITY OF ARIZONA
TRAVEL AUTHORIZATION

T720212

Date: 10/23/2014

TRAVELER & DEPARTMENT INFORMATION

NAME	**DEPARTMENT NAME**	**DEPARTMENT NO.**
EMPLID	**DEPARTMENT PO BOX ADDRESS**	**ROOM NUMBER**
☐ **EMPLOYEE** ☐ **STUDENT** ☐ **OTHER**	**CONTACT NAME/TITLE**	**PHONE NUMBER**

TRAVEL ORDER

BUSINESS PURPOSE OF TRIP: (conference dates)	☐ **IN-STATE** ☐ **OUT-OF-STATE** ☐ **INTERNATIONAL*** **FUNDING SOURCE:**
MODE OF TRANSPORTATION:	**DUTY POST:**
CITY, STATE DEPARTING FROM:	**DEPARTURE DATE:**
CITY, STATE RETURNING FROM:	**RETURN DATE:**
**** ATTACH ITINERARY IF MULTIPLE LOCATIONS ****	**DESIGNATED LODGING:** ☐ **YES** ☐ **NO**

EXCEPTIONS

☐ Vehicle taken out of state: ☐ State-owned ☐ Rental ☐ Private
☐ Long-term travel status (if travel will exceed 30 days, state reason)
☐ Personal time taken (state reason and how long)
☐ Use of other than coach/economy travel on commercial airlines (state reason)
☐ Miscellaneous – explain

JUSTIFICATION / REASON:

* INTERNATIONAL TRAVEL

☐ **INTERNATIONAL TRAVEL REGISTRY #:**

If you are traveling internationally, you must register your trip through the UA International Travel Registry prior to departure: http://ua-risk.terradotta.com

☐ **TRAVEL WARNING COUNTRY**

If your destination has a Travel Warning issued by the U.S. State Department, you must submit a "Supplemental Authorization Form for Travel Warning Areas" along with this Travel Authorization. Check current Travel Warnings at: http://travel.state.gov

TRAVEL ADVANCES (OPTIONAL)

AMOUNT	ACCOUNT #	DATE REQUIRED	☐ CHECK ☐ DIRECT DEPOSIT

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

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	SIGNATURE	DATE

Please forward completed form to**: FSO-Operations, Travel Office, PO BOX 210158, USB 402**