**An Absence from Campus form must be attached to this request.**

# COLLEGE OF ARCHITECTURE
## 2013-2014 AUTHORIZATION TRAVEL REQUEST FORM

1. Name: _______________________________________ Date: ______________________________
2. Object Code: ___ 820005 ___ Authorization #: ___ARCH 09_______ U.S. Citizen: Yes ___ No ___

Approved Travel Agencies: **JOURNEY HOUSE TRAVEL** - **TEL: 366-8037** or **UNIVERSITY AMERICAN TRAVEL, INC** - **TEL: 321-9629**

destination: __________________________________________ Departure date: ________________________

Ticket: $ _________________ Return Date: ________________________

**Purpose of Trip:**
________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

*New State Law: “I have not benefited from the personal receipt of frequent travel miles earned from this travel”.

Signature: ____________________________________________ Date: ______________________

Must apply for additional funding from V. P. for Research

**Estimated Expenses**

| Fare: (If you choose to purchase ticket from another source, please provide proof that ticket is cheaper). | $ __________ |
| **This ticket is Refundable: ___** Non-Refundable: ___ |

| Public Transportation: | $ __________ |
| Per Diem: (Per diem rates are at [www.gsa.gov](http://www.gsa.gov)) | $ __________ |
| Designated Lodging: (Note: A list of designated hotels from conference needed for reimbursement) | $ __________ |
| Other Lodging: | $ __________ |
| Registration: 1. College will issue a Purchase Order to cover registration if acceptable by Conference. | $ __________ |
| 2. College can no longer use Pcard for foreign transactions. | $ __________ |
| 3. If you pay your registration and/or purchase your ticket you will not be reimbursed until after the conference. | $ __________ |

Mileage: _______ x 0.565 cents (Car tag # _______________) $ __________

Parking: (Car tag # _______________) $ __________

Local Transportation: (Taxi/Shuttle/Train, etc) $ __________

Rental Car (Note: Justification for renting a car needed for reimbursement): $ __________

Other Expenses: ______________________ $ __________

**Total** $ __________

**Funding:** Please indicate Account Number and Amount Approved below.

(1). International: 127-718500 $_________ (2). Division: 122-7_____ $_________ OR 122-7_______ will pay 100% of expenses $_________ minus any other funding received. (3). This ticket must be Refundable: ___ Non-Refundable: ___ Either: ___


**Comments:** ____________________________________________________________________________________________________________________

**Approval**

________________________________________ ______________________
DIRECTOR/ASSOCIATE DEAN DATE CHAIR, GRAD. & RESEARCH COMMITTEE DATE

________________________________________
DEAN DATE DEAN

6/12/2013
To: ____________________________________________ (Director or College Dean)
From: ________________________________________ Division________________ Date__________________________

Please State Reason for Absence Followed by One of the Codes Listed If Applicable: CON=Conference, FT=Field Trip,
JUR=Jury Duty, XSL=Extended Sick Leave, Other=Please Explain, *SPL=Paid Leave (Asso. Deans/Directors only)

Purpose: _________________________________________________________________ Code: __________________

Departure Date: ___________________ Return Date:___________________ # of Days Away From Office: ____

Destination: _______________________________________________________________________________________

Emergency Contact: __________________________________ Telephone: ________________________________

*Field Trip: Please complete emergency contact information for everyone going on the trip and fill out Vehicle Rental Request Form if applicable. Student who opts to drive personal vehicle Must Sign an OU Disclaimer form. Leave all emergency contact and disclaimer form(s) at front desk prior to departure.

**Field Trip/Conference: If you need reimbursement for this trip fill out either a U.S. or International Travel Authorization Request Form and get all appropriate approvals for Total Expenses prior to departure.

**Upon Return: Complete College Travel Expense Reimbursement Form. Attach original receipts and leave with Niky to process.

Class(es) Missed: ________________________________ Substitute: _______________________________________

________________________________ Substitute: ________________________________________

*ASSOCIATE DEANS/DIRECTORS ONLY

Person You Have Delegated Authority To In Your Absence: _________________________________________________

*Please Attach a Copy of this Form to your Monthly Leave Report

APPROVED: _______ DIRECTOR: ______________________ DATE: __________________________

*APPROVED: _______ DEAN: __________________________ DATE: __________________________

CC: Front Desk College Office 5/22/2013