JEANNINE RAINBOLT COLLEGE OF EDUCATION
TRAVEL AUTHORIZATION REQUEST FORM

NAME: ________________________________ DATE: ________________________________
EMPLOYEE ID: __________________________ U.S CITIZEN (check one): YES____NO_____

TRAVEL DATES: DEPARTURE_________________ RETURN_____________________________

DESTINATION: _____________________________________________________________________

Are you presenting? Yes ______________ No ______________
Please provide topic and method of presentation: _______________________________________
How does this travel benefit the University, College, and Department: _______________________

BUDGET:

Airfare: __________________
Public Transportation: _______________
Per Diem: ___ (rates are at www.gsa.gov) Actual Receipts: ___
Designated Lodging: (provide copy of conference program showing des. lodging) _________
Other Lodging: _________________________
Registration: (if college is paying for registration, please provide doc. that answers the following questions: 1) PO acceptable 2) Discount for paying early 3)are substitutions allowed 4) 100% refund if conference cancelled)
Mileage: ____________@ 0.47
Parking: _______________________
Local Transportation: __________________
Rental Car: ______________________
OU Rental Vehicle: __________________
Other Expenses: ____________________
TOTAL EXPENSES: __________

FUNDING SOURCES: How will this trip be funded:

COMMENTS: _________________________________________________________________________

ACCOUNTS: ____________________________ (for office use)

SIGNATURES: _________________________Chair DATE: _______________________
_________________________________ Dean DATE: _______________________

_______________________ __________________
_______________________ Dean