**School of International Languages, Literatures and Cultures (SILLC)**

**Travel Authorization Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Traveler Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | Department: | | | | | | | |  | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Employee ID: |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Type of Travel: | | | |  | In-state | | | | | |  | | | | | | Out-of-state | | | | |  | | Foreign Virtual | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Purpose of travel: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **If attending a conference, include full conference title and conference website:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | If conducting University business **other than conference activity**, please fill out itinerary on next page. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Travel Dates: | |  | | | | / | |  | | | | / | | | |  | | **to** | | | | |  | | | | / |  | | | | | / | |  |  | | |
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|  | **Personal time dates and reason:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | ***If taking personal time*,** please provide comparison flights, and a printout of the itineraries. | | | | | | | | | |  | $ | | | | | | | | | | | | | |  | | | | $ | | | | | | | |  | |
|  | **Flight without personal time** | | | | | | | | | | | | | |  | | | | **Flight with personal time** | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | City, State Departing From: | | | | | |  | | | | | | | | | | | | | City, State Returning From: | | | | | | | | | | | |  | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide course numbers that may benefit from the event and briefly explain how: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Mode of transportation: | | | | | | |  | | Commercial Air | | | | | | | | | | |  | Rental Vehicle | | | | | | | | |  | | University Vehicle | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | |  | | Personal Vehicle | | | | | | | | | | |  | Other | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Check box if you are traveling to a Travel Warning Country: \*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | \*If multiple destinations, travel itinerary **MUST** accompany form.  \*\*If box is checked Travel Authorization Form MUST be accompanied by *Travel Supplemental Authorization Form for Travel Warning Areas.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

***Estimated Travel Expenses:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Transportation: | **AMOUNT REQUESTED:**  $ |  | | | **Source(s) of Funding:**  ☐Professional Development | | |
| Meals/Per Diem: | $ |  | | | ☐R&T | | |
| Lodging: | $ |  | | | ☐Other (please specify) | | |
| Conference Registration: | $ |  | **TOTAL APPROVED:** | bb |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total:** | $ |  | $ |  | |  | |

***Class coverage:*** Is class coverage needed? ☐No ☐ Yes (If “Yes” complete information below)

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| --- | --- | --- | --- | --- | --- | --- |
| **Course Number (I.e. FREN 123)** |  | **Days**  **(i.e. MWF)** |  | **Time**  **(i.e. 2-3:15pm)** |  | **Covered by (Name)** |
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| **Traveler Signature Date** |  | **Department/Program Head Signature Date** |

**Itinerary for University-funded Travel (other than conference activity):**

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| --- | --- | --- |
| Date: |  |  |
| City: |  |  |
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| **Daily itinerary for University-related activity (details of research activity, outreach activity, etc.):** | | |
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| Date: |  |  |
| City: |  |  |
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| **Daily itinerary for University-related activity (details of research activity, outreach activity, etc.):** | | |
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| Date: |  |  |
| City: |  |  |
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| **Daily itinerary for University-related activity (details of research activity, outreach activity, etc.):** | | |
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| Date: |  |  |
| City: |  |  |
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| **Daily itinerary for University-related activity (details of research activity, outreach activity, etc.):** | | |
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