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

**Travel Authorization Form**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Traveler Name: |  | Department: |  |  |
|  |  |  |
|  | Employee ID: |  |  |
|  |  |  |
|  | Type of Travel: |  |  In-state |  |  Out-of-state  |  |  Foreign Virtual  |  |
|  |  |  |
| Purpose of travel: |  |
|  |  |  |
|  | **If attending a conference, include full conference title and conference website:** |  |  |
|  |  |  |
|  |  |
|  | If conducting University business **other than conference activity**, please fill out itinerary on next page. |
|  |  |
|  | Travel Dates: |  |  / |  |  / |  | **to** |  |  / |  | / |  |  |
|  |  |
|  | **Personal time dates and reason:**  |  |  |
|  |  |  |
|  | ***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: |  |  |
|  |  |  |
|  |  |  |
|  | 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)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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):**

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

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