

Motlow College

Travel Authorization

Name:

Department:

Phone Number:

Banner Index:

Type of Travel: In-State Out-of-State Out-of-Country Team or Group Travel

Mode of Travel: Airline Auto (Employee's Vehicle) Motor Pool Other:

If Motor Pool is selected, indicate number of vehicles.

Will vehicle will be moved before stated time of departure? No Yes If "Yes," complete next section.

Date: Time: vehicle will be moved.

Where will vehicle be parked until time of departure?

Date of Departure:

Time of Departure:

Place of Departure:

Destination and Purpose:

Date of Return:

Time of Return:

Travel Expenses will be from -- Personal Funds Motlow Funds

Estimated Motlow Travel Expenses: Number of Miles at = \$

Airfare \$

Amount \$

Rate Per Night Number of Nights Lodging Amount \$

Registration \$

Other (Itemize-)\$

TOTAL \$

Requested by: _____ Date: _____

Signature

Approved:

Budgetary Head Date Vice President Date President Date

Business Office Use Only
