

University of Northern Iowa
Travel Authorization

Name: _____

Department: _____

Date(s) of Trip: _____

Purpose of Trip: _____

Departure Time: _____ Return Time: _____

Destination: _____

Accompanying Persons: _____

Person(s) in Charge During Absence: _____

Expenses Requested:

_____ None
_____ Transportation
_____ Hotel
_____ Meals
_____ Registration Fees
_____ _____

Mode of Transportation:

_____ University Vehicle
_____ Personal Car
_____ Airplane
_____ _____

Funding:

_____ Department Account
_____ Other (as listed below)

Applicant Signature

Date

Department Head/Supervisor

Date

Dean/Administrative Official

Date

Funding (other than departmental):

Account Name	Number	Amount	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

