

CEM Employee Travel Authorization Form

THIS FORM NEEDS TO BE APPROVED BY THE CHAIR OF THE DEPARTMENT BEFORE PURCHASING TRANSPORTATION OR REGISTRATION

If no prior approval is received, the person traveling will NOT be reimbursed

Name of Employee Traveling	EMPL ID #	Department Name
Destination		
Departure and Return Dates & Times		
Purpose of Trip (please include name of conference)		

Estimated Costs:			
Air Transportation		Note(s):	
Personal Vehicle Mileage			
Lodging			
Meals			
Registration			
Taxi/Car Rental			
Parking/Phone/MISC			
<u>TOTAL ESTIMATED COSTS</u>			
Personal Vehicle Used	Yes		No
Fund(s) to be charged:	Amount	Note(s):	
	\$		
	\$		

How course load and other dept responsibilities will be covered during the travel

Chair Approval (If Chair is traveling, Dean will need to approve)

_____ Approved _____ Not Approved

Signature of Chair/Dean and Date _____

\$ _____

Amount Authorized for travel _____

College Level Approval (Only if college funds are being requested. Form must be fully completed, approved by the chair with all contributing funding sources indicated.) This approved form must be attached to reimbursement forms.

_____ Approved _____ Not Approved

Signature of College Approver and Date _____

Funding Source to use on Travel Reimbursement form _____