

# 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)		

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