

## TRAVEL AUTHORIZATION FORM

OAKLAND UNIVERSITY WILLIAM BEAUMONT

Traveler's Name	Title or Position		Department					
Destination:				Fund #		Account #		
Departure Date:		Return	ı Date:					
Defined for Total								
Rationale for Travel:								
				For office use only				
Reimbursement Requested for Estimated Co		st	Acti	ual Cost	al Cost Payment Metho		Pcard Log#	
Registration								
Transportation								
Lodging								
Meals								
Miscellaneous  Total								
lotai								
Nature of Travel: Mode				e of Travel:				
Administrative		IVIOG	Commercial Airline					
Educational				Private Car (Drive/Fly Comparison Sheet Required)				
Recruitment				Other (specify)				
Research				Other (spec	ліу)			
Other (specify)								
Other (specify)								
Signature of Traveler: Date:								
Supervisor Authorization: Date:								
Budget Authorization:				Date:				

## **INSTRUCTIONS:**

- 1. Submit request form to Supervisor.
- 2. If travel is in relation to a workshop, conference or seminar, a copy of the brochure must be attached.
- 3. Policies on travel may be found in the Administrative Policies and Procedures document found on the OU web site.