## UCONN **TRAVEL AUTHORIZATION REQUEST FORM** HEALTH

A. Use this form for travel requiring prior approval.

B. to purchase air line tickets call Sanditz Travel

C. Complete form, retain copy and forward to the UConn Health Travel and Cash Management Office. MC-5105

D. If requesting a Travel Advance, complete the Travel Advance Request Form with TA package.

E. Registration payment through UConn Health may be done by appointment with the UConn Health Travel and Cash Management Office

TA#

EMPLOYEE NAME (FOR WHOM AUTHORIZATION IS REQUIRED) TITLE									EMPLOYEE ID #			BANNER I	D				
TELEPHONE					REQUEST DAT	E		COLLECTIV	rgaining id	IF OTHER, PLEASE SPECIFY							
TRAVELERS ADDRESS																	
TRAVELERS PHONE DEPARTMENT - MAILCO					ODE			PARTY FUNDING NY PART OF THIS TRAVEL PAID FOR BY A THIRD PARTY?									
PREPARED BY							IF "YES", M	PARTY AND	D EXPECTED AMOUNT: \$								
FROM LOCATION TO LOCATION				DEPART TIME ARRIVAL TIME							RSONAL / VACATION TIME DATES						
								TODATE									
										TRA		NCE	RENTA	L CAR F	REQUESTED		
DATE	AIRLINE	E(S) FLIGHT #		ELIGHT INFO	FROM LOCATIO	A NC	ARRIVAL TIME	TO LOCATION	ST		REQUESTED Paid by Travel HOTEL Paid by Traveler UConn						
									TRIP COST			REC	GISTRATION				
										MILES	@		/mile MILE				
													TOTAL O	cost_			
BUSINESS	PURPOSE (	OF TRA	VEL ( ATTACH	H SUBSTANTIATING	)		TRANSPORTATION RAIL CAR										
		c	OMMITTED	FUND			ORG			PGM	GM ACCI			FISCAL YEAR			
HOTEL																	
AIR FARE / RAIL																	
REG. FEES																	
MILEAGE OTHER COSTS																	
TO BILL MORE THAN 20% ABOVE APPROVED AMOUNT MUST BE RESIGNED OFF BY SENIOR EXECUTIVE APPROVER.														OVFR.			
TRAVELER ( SIGNATURE )								SUPERVISOR / DIRECTOR ( SIGNATURE )									
DEPT. ADMIN ( SIGNATURE )							5	SENIOR LEVEL AUTHORIZER ( SIGNATURE )									
GRANTS AF	PPROVAL (	SIGNAT	URE IF APP	PLICABLE)													