

TRAVEL AUTHORIZATION REQUEST FORM

A. Use this form for travel requiring prior approval.
 B. To purchase air line tickets call worldtek 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 ID
TELEPHONE		REQUEST DATE	COLLECTIVE BARGAINING ID IF OTHER, PLEASE SPECIFY		
TRAVELERS ADDRESS (IF NON-EMPLOYEE)					
TRAVELERS PHONE		DEPARTMENT - MAILCODE	THIRD PARTY FUNDING IS ANY PART OF THIS TRAVEL PAID FOR BY A THIRD PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", NAME OF THIRD PARTY:		
PREPARED BY					

ITINERARY						MISC. INFO.	
FROM LOCATION	TO LOCATION	DEPART TIME	ARRIVAL TIME	FROM DATE	TO DATE		
						<input type="checkbox"/> PERSONAL / VACATION TIME DATES <input type="checkbox"/> PARKING PERMIT REQUESTED <input type="checkbox"/> PURCHASE OWN TICKET	
FLIGHT INFO.						TRIP COST	
DATE	AIRLINE(S)	FLIGHT #	DEPART TIME	FROM LOCATION	ARRIVAL TIME		TO LOCATION
							TRAVEL ADVANCE REQUESTED HOTEL Paid by Traveler UConn _____ AIR FARE / RAIL _____ REGISTRATION FEE _____ MILES _____ @ _____ /mile MILEAGE _____ ALL OTHER COSTS _____ TOTAL COST

BUSINESS PURPOSE OF TRAVEL (ATTACH SUBSTANTIATING DOCUMENTS)						TRANSPORTATION RAIL CAR <input type="checkbox"/> OTHER: _____
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	COMMITTED AMOUNT	FUND	ORG	PGM	ACCT	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.

TRAVELER (SIGNATURE)	SUPERVISOR / DIRECTOR (SIGNATURE)
DEPT. ADMIN (SIGNATURE)	SENIOR LEVEL AUTHORIZER (SIGNATURE)
GRANTS APPROVAL (SIGNATURE IF APPLICABLE)	