University of MN

Travel Authorization

****Important Notice: A travel Authorization must be completed and approved prior to any travel.**

Name:
Home Address:
Employee Identification Number:
Division:
Room/Building:
Meeting:
Destination:
Date of Depart: Return:
Benefit to Grant or Department: **(Required)** You may attach a separate page if additional space is needed.
Funding Source:
Check one: ____ UMP Individual Partner
____ Division ____ Department
Identify Project Fund:
For questions call:
Phone:

FY:	AREA: ORG:

Estimated Expenses:	
Airfare**: (P-card or corporate travel card may be used)**	$_____
Other:	$_____
Vehicle:	
Personal Car:	$_____
Only if Needed—prior approval necessary.	
Rental Car:	*$*_____
Taxi	$_____
Hotel: Days:_____	
Rate: $_____	
Total Hotel:	$_____
Meals:	$_____
You will only be reimbursed for actual meal expenses up to but not exceeding the FEDERAL STATE DEPT. PER DIEM DAILY AMOUNTS.	
Registration:	$_____
Other Expenses (specify):	$_____
TOTAL EXPENSES:	$_____
Will you be reimbursed by a non-University org?	
Supervisor/Division Head Authorized Signature	
	Date:
Department Head Authorized Signature	
	Date:
Dean Authorized Signature:(dept. head/foreign Travel)	
	Date:

******Incomplete forms will be returned!!**