University of Northern Iowa
Travel Authorization

Name: __________________________

Department: __________________________

Date(s) of Trip: __________________________

Purpose of Trip: __________________________

Departure Time: __________________________ Return Time: __________________________

Destination: __________________________

Accompanying Persons: __________________________

Person(s) in Charge During Absence: __________________________

Expenses Requested: __________________________

Mode of Transportation: __________________________

____ None

____ Transportation

____ Hotel

____ Meals

____ Registration Fees

____ University Vehicle

____ Personal Car

____ Airplane

Funding:

____ Department Account

____ Other (as listed below)

Applicant Signature: __________________________ Date: __________________________

Department Head/Supervisor: __________________________ Date: __________________________

Dean/Administrative Official: __________________________ Date: __________________________

Funding (other than departmental):

Account Name: __________________________

Number: __________________________

Amount: __________________________

Signature: __________________________

AFTER APPROVAL RETURN TO DEPARTMENTAL OFFICE

Version 7.0 January 8, 2007

Form A - Side 1