

- Executive travel? Obtain Dean's signature.
- Foreign travel? Obtain Dean's & CFO/COO'S signature.
- Washington DC travel? Attach OSFR form.

SHADED AREAS FOR USE BY CENTRAL TRAVEL TEAM ONLY	Requisition#:	
	Date entered in FMS:	
	Date appr'd in FMS:	

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
REQUEST FOR TRAVEL AUTHORIZATION**

Traveler: _____

Vendor ID: _____

Title: _____

Department: _____

Detailed Purpose: _____

Fax #:

From (MM/DD/YY)	Thru (MM/DD/YY)	Destination City	Code	Purpose	Code	Max Amount Lodging	Max Amount Meals
						/day	/day
						/day	/day
						/day	/day

- Will traveler receive any compensation in addition to reimbursement for travel expenses? YES NO
- Is this a "blanket" travel request? YES NO
- Will the travel be at no cost to the University? YES NO

External funding source, other than UTHHSC (for no-cost travel): _____

Name of responsible faculty/staff while absent: _____

*****NOTE: State-Contracted vendors must be used with all state and federal fund sources!*****
(See <http://ae.uth.tmc.edu/travel/index.html> to identify State-Contracted vendors)

Will travel expenses be paid from state or federal funds? YES NO If **yes**, please answer the following three questions.

1. Is the traveler using a State contracted **Airline**? (Use Corporate Travel Planners only, no online travel services.) YES NO
2. Is the traveler using a State contracted **Hotel**? YES NO
3. Is the traveler using a State contracted **Rental Car Agency**? YES NO

ESTIMATED EXPENSES

Distribution Line 01

Distribution Line 02

Distribution Line 03

Dept/Fund/Project/Program/Class

Dept/Fund/Project/Program/Class

Dept/Fund/Project/Program/Class

Chart Field String:

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Expenses to be Prepaid by UT-H

· Airfare (BTA)			
· Registration Fee (due: _____)			
Vendor Code: _____			

Estimated Expenses to be Reimbursed to Traveler

· Airfare + Corp Travel Planners fee			
· Incidentals (room tax, taxi, internet, etc.)			
· Meals/Lodging			
· Mileage			
· Rental Car			
· Non-Travel Expenses			
· Official Function			
· Registration			
Total expenses, per distribution line			

TOTAL EXPENSES (add columns 1, 2, & 3)

Signature of Traveler: _____
I understand that even if proper approvals are obtained, I will be responsible for any non-reimbursable/personal expenses.

Administrative Contact: _____ **Interoffice Address:** _____ **Extension:** _____ **Email:** _____

Chairman or Administrative Supervisor

Chart Field Verification

Dean's Office (for foreign, Executive, or DC travel)

President (for travel over 29 days)

CFO/COO or Designee