

PACIFIC UNION COLLEGE

Travel Authorization Request

Name _____
PLEASE TYPE OR PRINT

To College Authorizing Officer: Please approve travel from _____ to _____
City City

on or between (dates) from _____ to _____

Purpose or nature of trip _____

Estimate of costs: Per diem _____
 Lodging _____
 *Travel _____
 Fees _____
 Other _____

*Circle: AIR, PRIVATE CAR, bus, rail. If planning to travel by air, please ask travel representative for information regarding special fares.

Signed _____
Faculty/Staff

Approved _____
Administrative Officer

Recommended _____
Department Head

Budget Approval _____
Director of Budgets and Fiscal Services

CHARGE: Initial appropriate box. Insert three-digit department number and function number if blank.

| | | | Department Number | | Function Number | | Account Charged | | | | | |
|---|--------------------------|--------------------------|----------------------|-----|--------------------|-------------------|--------------------|--|--|--|--|--|
| INSTRUCTIONAL | <input type="checkbox"/> | Conventions | 0 1 - | ___ | - 0 - 7 0 - | 0 - 0 - 9 4 1 0 - | 0 0 | | | | | |
| | <input type="checkbox"/> | Travel | 0 1 - | ___ | - 0 - 7 0 - | 0 - 0 - 9 4 3 0 - | 0 0 | | | | | |
| | <input type="checkbox"/> | Workshop | 0 1 - | ___ | - 0 - ___ - | 0 - ___ - ___ - | ___ | | | | | |
| | <input type="checkbox"/> | Professional Development | 0 1 - | ___ | - 0 - ___ - | 0 - ___ - ___ - | ___ | | | | | |
| | <input type="checkbox"/> | Other | ___ | ___ | - 0 - ___ - | 0 - ___ - ___ - | ___ | | | | | |
| ADMINISTRATIVE, AUXILIARY, SERVICES, INDUSTRIES | <input type="checkbox"/> | Travel and Conventions | ___ | ___ | - 0 - ___ - | 0 - 9 4 3 5 - | 0 0 | | | | | |
| | <input type="checkbox"/> | Other | ___ | ___ | - 0 - ___ - | 0 - ___ - ___ - | ___ | | | | | |