

PACIFIC UNION COLLEGE

Travel Authorization Request

OFFICE USE ONLY	
Fiscal Year	_____
Date Received	_____
Date Approved	_____
Date Reimbursed	_____
Reimbursed Total	_____

Name _____ Ph. Ext. _____

Department _____ PUC E-mail _____

Dates of Travel _____ to _____ Destination _____

Purpose of travel: Student Recruitment Professional Development Field/Research Trip

Conference/Meeting Other (Please specify): _____

Expected benefits of travel: _____

Method of travel (check all that apply): Air; Car, Private; Car, Rental; Car, Pool; Bus; Rail

Estimated Costs:

\$ _____ Total Travel

\$ _____ Total Fees

\$ _____ Lodging

\$ _____ Per Diem

\$ _____ Other (provide a description): _____

\$ _____ Total Estimate

OFFICE USE ONLY	
Travel	_____
Fees	_____
Lodging	_____
Per Diem	_____
Other	_____
ACTUAL TOTAL	_____
VOUCHER #:	_____

Budget to be charged:

GL# (15 digits)	Account Name	Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Signatures:

Faculty/Staff: _____ Date: _____

Department Head: _____ Date: _____

Vice President: _____ Date: _____

Director of Budgets: _____ Date: _____

This form must be completed and signature approvals obtained prior to booking travel. Please attach a copy of approved authorization request when submitting a reimbursement request/Travel Expense Report. Without advance approval, travel may not be reimbursed.