

**DIVISION OF ACADEMIC AFFAIRS  
TRAVEL AUTHORIZATION  
and/or  
REQUEST TO BE AWAY FROM ASSIGNED DUTIES**

<b>DOMESTIC TRAVEL</b> (within lower 48 states) (Submit this form 10 days prior to trip.)		<b>FOREIGN TRAVEL</b> (Submit this form 1 month prior to trip.)	
<b>NAME:</b>		<b>DEPARTMENT:</b>	
<b>DATES OF TRAVEL:</b>  ____/____/20__ through ____/____/20__		<b>DESTINATION:</b> (Institution, City, and/or Country)	
<b>DATE OF RETURN TO CAMPUS:</b> ____/____/20__		<b>Travelling with any university equipment?</b> Yes                      No	
Briefly describe the purpose of trip and its relationship to the mission of the University:			
During the indicated absence, teaching and other assignments will be handled as follows:			
Identify specific source(s) and amounts of funding already solicited and approved for this trip:			
Comments:			
<b>SIGNATURE:</b>			<b>DATE:</b>
<b>APPROVALS</b>			
<b>Department Chairperson Signature:</b>  <i>(Required for all departmental travel)</i>	<b>APPROVED?</b>  YES              NO	<b>DATE:</b>	
<b>Dean Signature:</b>  <i>(Required only for Chair's travel and <u>any</u> Foreign Travel)</i>	<b>APPROVED?</b>  YES              NO	<b>DATE:</b>	
<b>Provost/Vice Provost Signature:</b>  <i>(Required only for Dean's travel and <u>any</u> Foreign Travel)</i>	<b>APPROVED?</b>  YES              NO	<b>DATE:</b>	
<b>NOTES:</b> Upon completion of pre-approved foreign travel, the traveler is to provide a brief report about the trip to the Provost no later than 30 days after travel is completed.  After the Provost has approved your travel authorization, you will receive the <u>original</u> travel authorization with all signatures/approvals required to travel. <b>You are required to retain the original document in your file.</b>  You are required to attach a <u>COPY</u> of the approved travel authorization to reimbursements or payments requests for the trip OR payments for travel will be denied until you provide a copy of the travel authorization with all signatures/approvals.			