

CHEMICAL ENGINEERING

Travel Authorization _____ Travel Reimbursement _____ (mark one)

Name of Traveler: _____ Name of Delegate: _____
Traveler ID#: _____ Fund & Amount: _____
Is this relocation? Yes No Fund & Amount: _____
Purpose of the travel: _____

Itinerary- Departure:

From Date: _____ at: _____ AM PM **To** Date: _____ at: _____ AM PM
Zip Code: _____ Zip Code: _____
City: _____ State: _____ City: _____ State: _____

Transportation: *attach receipt showing method of payment

State Car: Yes or No Rental Car: Yes or No Cost: _____
TOTAL Private Car Mileage: _____ *attach print out of MapQuest with mileage*

Commercial Airline: *attach receipt showing method of payment

Airfare: _____ Total Airport Parking Fee: _____ *attach receipt*
Airfare Prepaid by Department: Yes or No

Other Transportation Costs (taxi, bus, train, etc.) *attach receipt showing method of payment*

Cost: _____ Date: _____ Description: _____
Cost: _____ Date: _____ Description: _____
Cost: _____ Date: _____ Description: _____

Lodging * attach receipt showing method of payment*

Name of Hotel: _____ Conference Hotel?: Yes or No
Number of Nights: _____ Cost of Hotel: _____ Zip Code: _____

Meals:

Per Diem: Yes or No
If no, please list meals for reimbursement in "Other"

Registration *attach receipt*

Amount: _____ Prepaid? Yes or No
Include any meals? Yes or No
If Yes, how many meals? _____

Itinerary- Return:

From Date: _____ at: _____ AM PM **To** Date: _____ at: _____ AM PM
Zip Code: _____ Zip Code: _____
City: _____ State: _____ City: _____ State: _____

Other Expenses (please specify and attach receipts):

FOUNDATION ONLY: Traveler Signature: _____ Date: _____

FOUNDATION ONLY: Supervisor Signature: _____ Date: _____

FOUNDATION ONLY: Additional Approval for Foreign Travel, Send to Office of Export Control _____