

- Executive travel? Obtain Dean's signature.
- Foreign travel? Obtain Dean's signature.
- Washington DC travel? Attach OSFR form.

SHADED AREAS FOR
USE BY CENTRAL
TRAVEL TEAM ONLY

Requisition #: _____

Date entered in FMS: _____

Date appr'v'd in FMS: _____

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

Traveler: _____ Vendor ID: _____

Title: _____ Department: _____

Detailed Purpose: _____

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: _____

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)