

- 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

**\*\*Submit completed RTA form with appropriate signatures and adequate supporting documentation to MS Travel Office, MSB G1.50\*\***

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 UTHSC (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 <small>Dept/Fund/Project/Program/Class</small>	Distribution Line 02 <small>Dept/Fund/Project/Program/Class</small>	Distribution Line 03 <small>Dept/Fund/Project/Program/Class</small>
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	\$	\$	\$

<b>TOTAL EXPENSES (add columns 1, 2, &amp; 3)</b>	<b>\$</b>
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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) \_\_\_\_\_