

THE UNIVERSITY OF AKRON

TRAVEL AUTHORIZATION

This form is to be completed prior to incurring any travel expense. Actual expenses are to be submitted for reimbursement on the University's standard Travel Expense Report as soon as possible after the completion of travel. This form must be completed if your travel is expected to be overnight or out-of-state.

Date Prepared: _____
For (Person): _____
Attending: _____
Where: _____

Expense Estimates:
Transportation: \$ _____
Lodging: \$ _____
Meals: \$ _____
Other: \$ _____
Total: \$ _____

When: _____

ACCOUNT CODE(S)					

Type of Reimbursement: _____

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Probable Mode of Transportation:
 Air; Train; Bus
 Private Vehicle or Pool Car
 Rental Car

Full Est. Amt. \$ _____
 Partial Amt. \$ _____

Approved by: _____
Department Head Date

DISTRIBUTION:
WHITE (Copy 1): Department Head
BLUE (Copy 2): Dean or Vice President
YELLOW (Copy 3): Person Traveling

Approved by: _____
Dean or Vice President Date

Copy 1: Department Head

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