

GUEST TRAVEL AUTHORIZATION WORKSHEET

Submit completed form digitally along with all original receipts to your travel processor

Name: _____ Date: _____

Address: _____

U.S. Citizen: Yes No
City of Residence: _____

Phone: _____ Guest ID (if known): _____

Account to be charged: _____

Purpose of Travel: _____

Destination: _____

Initial Departure Date: _____ Return Date: _____

Personal Travel Time: Yes No _____

Personal Vehicle Mileage: _____ License Plate # _____
(\$0.70 per mile as of 1/25)

Total Estimated Amount: _____

Comments: _____

SIGNATURES

<p>I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.</p> <p>_____ AUTHORIZING SIGNATURE DATE</p>	<p>AUTHORIZING SIGNATURE DATE_</p> <p>_____ Print name and title</p>
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