UNIVERSITY OF Cincinnati

Travel Authorization Form

For use with financial policy 2.1.6 – Travel Expenses

Name of Traveler/Group:	
Job Title:	
College/Department:	
Telephone:	- -
ML:	
E-mail:	

Traveler is: ☐ Faculty ☐ Staff ☐ Student

☐ Group (*attach a list of all travelers*)

☐ Non-employee ***(specify)***

Purpose of travel:

Travel is: ☐ Domestic ☐ International

Promptly send a copy of all approved Travel Authorization Forms for international travel to UC International ML0640

Travel Dates: Destination(s):

to

to

to

For internal use by unit:

Indicate any dates within travel period that are for personal travel:

Submitted by:

Traveler's Signature* or Authorized Signature for Group

* *When using a personally-owned vehicle for travel, this signature certifies the traveler has a valid U.S. or Canadian driver's license and the required insurance coverage.*

Approved by:

Type/Print Name

Supervisor* Signature **Date**

- *If requesting any pre-payment, send a copy of this completed, dated and approved Travel Authorization Form with the Travel Expense Report to Accounts Payable prior to the trip.*
- *Following the trip, attach this completed, dated and approved Travel Authorization Form to the Travel Expense Report.*
- *The traveler should retain a copy of the signed Travel Authorization Form and make it available upon request from Internal Audit.*
- *For non-employee or student travel, the authorization should be approved by the unit head of the organization funding the travel.*

PRINT FORM