

TRAVEL AUTHORIZATION REQUEST FORM

A. Use this form for travel requiring prior approval.
 B. To purchase air line tickets call worldtek Travel.
 C. Complete form, retain copy and forward to the UConn Health Travel and Cash Management Office. MC-5105

D. If requesting a Travel Advance, complete the Travel Advance Request Form with TA package.

E. Registration payment through UConn Health may be done by appointment with the UConn Health Travel and Cash Management Office

TA#

EMPLOYEE NAME (FOR WHOM AUTHORIZATION IS REQUIRED)				TITLE		EMPLOYEE ID #		BANNER ID		
TELEPHONE			REQUEST DATE		COLLECTIVE BARGAINING ID		IF OTHER, PLEASE SPECIFY			
TRAVELERS ADDRESS (IF NON-EMPLOYEE)										
TRAVELERS PHONE		DEPARTMENT - MAILCODE		THIRD PARTY FUNDING IS ANY PART OF THIS TRAVEL PAID FOR BY A THIRD PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", NAME OF THIRD PARTY:						
PREPARED BY										
ITINERARY						MISC. INFO. <input type="checkbox"/> PERSONAL / VACATION TIME DATES <div style="border: 1px dashed black; height: 40px; margin: 5px;"></div> <input type="checkbox"/> PARKING PERMIT REQUESTED <input type="checkbox"/> PURCHASE OWN TICKET				
FROM LOCATION	TO LOCATION	DEPART TIME	ARRIVAL TIME	FROM DATE	TO DATE					
FLIGHT INFO.						TRIP COST <div> TRAVEL ADVANCE REQUESTED RENTAL CAR REQUESTED Paid by Traveler UConn </div> <div> HOTEL Paid by Traveler UConn </div> <div> AIR FARE / RAIL </div> <div> REGISTRATION FEE </div> <div> MILES @ /mile MILEAGE </div> <div> ALL OTHER COSTS </div> <div> TOTAL COST </div>				
DATE	AIRLINE(S)	FLIGHT #	DEPART TIME	FROM LOCATION	ARRIVAL TIME					TO LOCATION
BUSINESS PURPOSE OF TRAVEL (ATTACH SUBSTANTIATING DOCUMENTS)								TRANSPORTATION RAIL CAR <input type="checkbox"/> OTHER:		
	COMMITTED AMOUNT	FUND	ORG	PGM	ACCT	FISCAL YEAR				
HOTEL										
AIR FARE / RAIL										
REG. FEES										
MILEAGE										
OTHER COSTS										
TO BILL MORE THAN 20% ABOVE APPROVED AMOUNT MUST BE RESIGNED OFF BY SENIOR EXECUTIVE APPROVER.										
TRAVELER (SIGNATURE)				SUPERVISOR / DIRECTOR (SIGNATURE)						
DEPT. ADMIN (SIGNATURE)				SENIOR LEVEL AUTHORIZER (SIGNATURE)						
GRANTS APPROVAL (SIGNATURE IF APPLICABLE)										