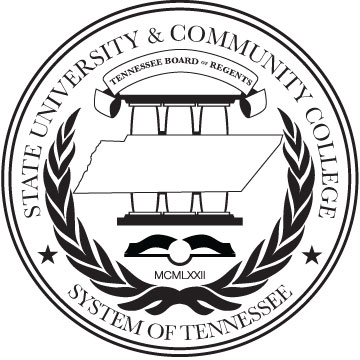
**OUT-OF-STATE REQUEST FOR TRAVEL AUTHORIZATION**



|  |  |
| --- | --- |
| DATE OF REQUEST: |  |
| NAME: |  |
| DEPARTMENT: |  |
| ACCOUNT NUMBER: |  |
| DESTINATION: |  |
| DEPARTURE DATE: |  |
| RETURN: |  |
| PURPOSE OF TRAVEL  (IN DETAIL): |  |
| TYPE OF TRANSPORTATION: | STATE CAR:       AIRPLANE       PERSONAL CARE |
| IF TRAVEL IS TO A PROFESSIONAL MEETING DO YOU HOLD AN OFFICE?  WHAT OFFICE? | |
| ARE YOU ON THE PROGRAM?  IN WHAT CAPACITY? | |
| AMOUNT OF REIMBURSEMENT REQUESTED (including cost of transportation) $ | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of the Requestor  (stamp not acceptable) |  | Date |  |
| Approving Authority |  | Date |  |
| Approval by Chancellor |  | Date |  |