ADMINISTRATIVE FORM

TRAVEL AUTHORIZATION REQUEST

Requests for Travel should be filed 7-10 days before the anticipated absence.

Name: ___________________________________ Today’s Date: _____________

Date and time of Proposed Travel:

Begin absence date: ________________ Time: ________________

Return to work date: ________________ Time: ________________

Mode of Travel: ____________________ Total Hours requested: ______

Purpose for Absence:

_____ Prof. Conference  _____ Visit to another Library

_____ Directed Travel  _____ Prof. Meeting/Training

Conference Sponsor, Location and Subject of Conference, Reason for meeting or travel

________________________________________________________________________

________________________________________________________________________

Estimate of expenses from Library Budget:

_____ Lodging

_____ Meals (IRS locale per diem rate)

_____ Transportation/Mileage

_____ Registration & fees

_____ Miscellaneous expense

_____ Total
Employee Signature: ___________________________ Date: ________________

Director’s Signature: ______________________ Date: ________________

(For Director’s Travel) Board Signature: _________________________________
                      Date: ________________

Effective: 3/11/2005

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