OAKLAND UNIVERSITY TRAVEL AUTHORIZATION

Academic Affairs

|  |  |  |
| --- | --- | --- |
| Traveler’s Name | Title or Position | Department/Organization Name |
| Destination | **Fund#** | **Account#** |
| **Departure Date:** |  | **Return Date:** |  |
| **Purpose**  |
| **Class Coverage (if applicable)** |
| DEAN/VPAA OFFICE USE ONLY |
| Advance | Payments |
|  |
| **Reimbursement Requested for:** | **Estimated Cost:** |
|   | Transportation |   |
|  | Lodging |  |
|  | Meals |  |
|  | Registration Fees |  |
|  | Miscellaneous |  |
|  | Total |  |
|  | Limit of Reimbursement (if applicable) |  |
|   | Travel Advance Recommended (if any) |  |
|  |
| **Nature of Travel—Check all that apply:** |  |
|   | Administrative |  |
|  | Educational |  |
|   | Faculty Contract |  |
|  | **International: Please register on Risk Management Office Web site for insurance coverage.\*** |
|  | Recruitment |  |
|  | Research |  |
|  | Other (specify) |  |
|  |
| **Mode of Travel:** |
|   | Commercial Airline |
|   | Private Car (cannot exceed cost of coach airfare) |
|  | Ride with |
|  | University Vehicle |
|  | Driver |
|  | Passengers |
|  | Other (specify) |
| **Signature of Traveler:** |  | **Date:** |  |
| **Dept Head or Authorized Representative Approval**: | **Dean or VPAA Approval:** |
| **Date**: |  | **Date**: |    |

INSTRUCTIONS:

1. Submit request form to Department Head, Dean, and/or VPAA as appropriate.
2. If travel is in relation to a workshop, conference or seminar, a copy of the brochure must be attached.
3. Policies on travel may be found in the Administrative Policies and Procedures document found on the OU web site.

 10/01/09.jb **\*Go to OU Home Page: Faculty & Staff, Administration, Finance & Administration, Risk Management and Foreign Travel.**