TRAVEL AUTHORIZATION FORM

Name: ____________________________________ E-mail: ______________________________

Fax: ____________________________________ Phone: ______________________________

Destination: ______________________________

Dates of Travel: ______________________________

Reason for Travel: ________________________________________________________________

Estimated Costs:

- Air Fare: ______________________________
- Local Transportation: ______________________________
- Airport Parking: ______________________________
- Auto Mileage: ______________________________
- Registration Fee: ______________________________
- Rental Car (must be pre-approved): ______________________________
- Rental Car Gas: ______________________________
- Hotels (per diem): ______________________________
- Meals (per diem): ______________________________
- Total: ______________________________

Fellow's Signature: ______________________________ Date: ______________________________

LABORATORY ENDORSEMENT:

The laboratory authorizes this Travel.

Advisor’s Signature ______________________________ Date ______________________________

Division Head’s Signature ______________________________ Date ______________________________

Lab Coordinator’s Signature ______________________________ Date ______________________________

ASEE Action: You are authorized to travel and to incur necessary expenses in accordance with applicable laws and regulations.

(Signature of ASEE Official) ______________________________ Date ______________________________ Charge Code ______________________________

Travel Approved Travel Not Approved