



Travel Preauthorization Form

All original and itemized supporting documentation MUST be turned in to:

Kim Comeau or Lucille Wilson, 235A Colburn Lab

Please make sure the card holder's name is on the documentation.

Traveler's Information

Traveler's Name:	
Traveler's Phone Number:	
Traveler's email:	
Department:	
Principal Investigator:	
Project Code:	
Reason for Trip:	
Conference Registration Cost:	
Is Conference Reg Direct Billed?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Cardholder's Name:	
Departure Date:	
Destination City/State:	
Return Date:	
Return City/State:	

Transportation

Commercial Transportation:	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Name of Carrier:	
Total Estimated Cost:	
Is Commercial Trans Direct Billed?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Cardholder's Name:	
Rental Vehicle:	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Total Rental Cost:	
Is Rental Trans Direct Billed?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Cardholder's Name:	
Personal Vehicle:	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Total Mileage:	
Shuttle Service:	<input type="checkbox"/> YES or <input type="checkbox"/> NO

Hotel Accommodations

Total Nights Stay:	
Daily Rate and Tax:	
Is Hotel Direct Billed?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Cardholder's Name:	

Comments

Comments:	
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