

Franklin College of Arts and Sciences

Request for Authority to Travel on Official University Business

For In-State Travel Only

Submit Original to Budget Group, Arts & Sciences, 200 New College

Traveler's Name _____ Social Security # _____

Department _____

Account Number (s)	Name of Account(s)	Amount

Reimbursement to traveler cannot exceed amount allowable under University Travel Regulations

Itemized estimate of costs:

Meals _____ Time of Departure _____
Lodging _____ Mode of Travel _____
Transportation _____
Other (explain) _____
Total _____

Nature of official business: _____

Dates of trip and address while absent _____

Local Contact _____

Means of handling classes and other business while absent _____

Traveler's Signature _____ Date _____

Department Head _____ Date _____

Dean _____ Date _____