

TEXAS SOUTHERN UNIVERSITY

AUTHORITY to **TRAVEL FORM**

MUST BE COMPLETED AND APPROVED PRIOR TO RESERVING TRAVEL ARRANGEMENTS

Name of Traveler:							
Name of Department or Office:					T Nur	mber: _	
Position Title:			Last 6 Digits of Travel Card:				
Date of Return:			Round Trip Airfare				
Destination:			Hotel		nights @		
Mode of Travel: Air Rental Vehicle University Auto Other Transporto Estimated Total Cost of Trip: Identify Travel Type:	Personal Veh	icle	Incidentals Total Estin	& Other	days @ days @ days @ days @ days @ Small Transportation rel Paid by Travel Cal	rd	
Explanation and Justification of Trip:			B Estimated Cost To Be Reimbursed				
			Round Trip Registration Hotel Rental Car Meals Parking Mileage	r Fees	nights @ days @ days @ days @ miles @		
Fund: Org:			Taxi/Shuttle & Other Small Transportation Incidentals				
Program: ACTV:			Total Estimate for Reimbursement				
If Using Travel Card for Meals – <u>Do Not Exceed</u> Statement and Signature of Applicant and Deporation of the Propose of this propose trip is official business of the University." Approval	artment Head		ant Signat		<u>wed</u>		 Date
Department Head	Date	President		Date			
Dean/Executive Director	Date	Vice	President	505	TRAVEL SERVICES	Shii V	Date
Research Financial Services	Date		FOR TRAVEL SERVICES ONLY IN STATE OUT OF STATE				
International Travel Only				7101 7102 7105 7106	Transportation Mileage Incidental Meals & Lodging	7111 7112 7115 7116	
Vice President Administration & Finance/CFO	Date			7203	Registration FOREIGN	7203	
President	Date			7121		7121	