

THE CATHOLIC UNIVERSITY OF AMERICA
TRAVEL AUTHORIZATION FORM
(CUA EMPLOYEES ONLY)

Name of Traveler

Physics Department

Dept.

200 Hannan Hall

Bldg./Rm.

Phone No.

Account Number(s)

Dates of Trip

Purpose of Trip

Destination

Method of Transportation (Circle one): AIR - RAIL - RENTAL AUTO - PERSONAL AUTO

Estimated Costs

Transportation: _____

Lodging: _____

Meals: _____

Misc: _____ (*explain*): _____

Total Cost: _____

*ADVANCE REQUESTED MAY NOT EXCEED 80% OF AUTHORIZED AMOUNT

Advance: _____

IMPORTANT: The TRAVEL EXPENSE REPORT must be submitted within 15 days after completion of the Trip. See the CUA Travel Policy for reporting requirements.

Traveler

Date

Authorizing Officer

Date

PLEASE NOTE THE FOLLOWING:

*If an Advance check is to be issued, please complete a campus envelope with the traveler's name and campus address and attach it to the Travel Authorization Form.

No advances will be issued after the departure date, nor earlier than two weeks prior to the departure date without written approval of the cognizant Vice President.

Several Travel Agencies in the area will bill CUA directly for airline tickets. The University recommends the use of such an agency. For specific information, contact the Travel Office at ext. 5040.