**The Lincoln University**

**Travel Authorization Request**

Revised Copy

Traveler Information

Traveler E-mail Address

Traveling To:

Date

Required Travel Arrangements

Smoking

Non Smoking

Date

Buses

Train

Air

University Vehicle

Date

Origin

Destination

Date

Origin

Destination

AM

NOON

PM

Anytime

Red Eye is OK

Estimate/Total Expenses

Attach Detailed Quotes/Calculations to Justify Totals

Air $

Auto Rental $

Bus $

Taxi $

Shuttle $



/mile = $

Paid with Check

Requisition #

**Cash Advance Requested**

**$**

*(Please attach a copy of your worksheet)*

Approvals

Approved

Disapproved

Date

Department Chair or Director

Approved

Disapproved

Date

Dean (For Faculty Travel)

Approved

Disapproved

Date

Vice President

Approved

Disapproved

Date

President

Approved

Disapproved

Date

Grants Coordinator

V/P

V/P

Dean

Dean

Date

Date

*Fax to Travel Agent*

*Fax to Travel Agent*

Authorized Changes

Cancellation Approval

.50

$



Total:$

*Revised 06/26/13*

Dept. Code

The Lincoln University/University City

Other *(Specify)*

Object Code

Train $

Total Mileage

Parking

Lodging

Meals

Registration/Conference Fees (Attach Completed Copy in Duplicate)

Transportation

Section C

Special Programs/Grants

International Travel

Return Date

Traveler (Please Type or Print)

Section A

Traveler Title

Department/Program

Departmental Secretary (Name/Phone/email)

Purpose of Travel

Traveling From

Departure Date

Traveler Signature

Special Request(s)

Section B

Hotel

Shuttle

Shuttle

No:

Traveler Phone

Section D

Section E

Preferred Time Of Arrival

Number of Passenger/Travelers