



Travel Authorization Request



Section A: Traveler Information

Traveler's Name:		Phone:	
Traveler's Title:		Email:	
Department/Program Name:		Purpose of Travel:	
Destination:	Departure Date:	Return Date:	
Funding Department Code:	Object Code:	Is this a Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Department Assistant Name:		Ph:	Email:
Traveler Signature:			Date:

Section B: Travel Arrangements

Number of Travelers:		<input type="checkbox"/> Smoking	<input type="checkbox"/> Non-smoking
Hotel:		Number of Nights:	Dates:
Shuttle:	Date:	Origin:	Destination:
Shuttle:	Date:	Origin:	Destination:
Hotel Special Requests:			
Preferred Arrival:	<input type="checkbox"/> AM	<input type="checkbox"/> NOON	<input type="checkbox"/> PM <input type="checkbox"/> ANYTIME
Preferred Departure:	<input type="checkbox"/> AM	<input type="checkbox"/> NOON	<input type="checkbox"/> PM <input type="checkbox"/> ANYTIME
Special Requests:			

Section C: Estimate/Total Expenses

**Attach detailed quotes and calculations to justify totals as this will be compared to your STE*

Train:	Airfare:	Bus:	Taxi/Uber/Lyft:	Shuttle:
Will you seek reimbursement for mileage: <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Mileage @ \$0.725/mile:	
Parking:	Lodging:	Baggage:	Meals (\$50 per diem max):	
Registration/Conference Fee (attach completed copy and agenda)			Pre-Paid w/ PO #	
Other (specify):				
Total: \$		Amount Pre-Paid by Lincoln University: \$		Estimated Reimbursement with STE: \$

Section D: Approvals

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
		Department Chair or P.I.	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
		Associate Provost (for Title III Funded Travel)	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
		Vice President	Date

**This TAR must be fully approved before traveling. If the TAR is not fully approved before travel, the Traveler will not be eligible for reimbursement of travel expenses encumbered. Within 15 calendar days after the conclusion of the trip, complete the Statement of Travel Expenses (STE). Once the STE is signed, the Department Assistant will enter it as a Requisition for Travel Reimbursement in Self-Service, with the Traveler in the Vendor ID field. An attachment should be added to the requisition that includes the STE, TAR, all supporting documentation, all receipts, and mileage support (if needed). Once approved in Self-Service, it will be processed by AP for any allowable reimbursement based on Lincoln University's travel policy.*