|  |  |  |
| --- | --- | --- |
|  | **Lincoln University****Travel Authorization Request** | **Travel Authorization Request No.****0**  |
| **Section A – Traveler Information**

|  |  |
| --- | --- |
| Traveler       | Traveler’s Title   |
| Traveler’s Phone       | Traveler’s E-mail Address       |
| Department/Program       | Dept. Code   | Object Code   |
| Department Assistant Name       | E-mail       | Phone Number       |
| Purpose of Travel       |
| Traveling From [ ]  Main Campus [ ]  Philly Location | Traveling to   |
| Departure Date   | Return Date   |  |
| Traveler’s Signature:  | Date       |

 |
| **Section B Required Travel Arrangements**

|  |  |  |
| --- | --- | --- |
| Number of Passengers/Travelers 1 | Smoking [ ]  | Non Smoking [ ]  |
| [ ]  Hotel | [ ]  University Vehicle  | [ ]  Bus | [ ]  Train  | [ ]  Air  |
| [ ]  Shuttle  | Date       | Origin       | Destination       |
| [ ]  Shuttle | Date       | Origin       | Destination |
| Special Request(s)       |
| Preferred Time of Arrival  | [ ]  AM | [ ]  Noon | [ ]  PM | [ ]  Anytime | [ ]  Red Eye is OK |

 |
| **Section C Estimate/Total Expenses – Attach Detailed Quotes/Calculations to Justify Totals**

|  |  |  |
| --- | --- | --- |
| Transportation |  |  |
| Train $  | Air $      | Auto Rental $      | Bus $       | Taxi $      | Air $      |
| Total Mileage       @ $      /mile = | $       |  |
| Parking  | $       |  |
| Lodging  | $       |  |
| Meals | $       |  |
| Registration/Conference Fees | $       |  |
| Other (Specify)       | **$**  | **Paid with Check Requisition #**  |
| Total | **$**  | **[ ]  Cash Advance Requested $** **(Please attach a copy of your worksheet)** |

 |
| **Section D Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Approved | [ ]  Disapproved | Dept. Chair/Director: |      Date |
| [ ]  Approved | **[ ]  Disapproved** | **Dean (For Faculty Travel:**  | **Date** |
| [ ]  Approved | **[ ]  Disapproved** | **Vice President:** | **Date** |
| [ ]  Approved | **[ ]  Disapproved** | **President:** | **Date** |
| [ ]  Approved | **[ ]  Disapproved** | **ORSP/Title III:** | **Date** |
| [ ]  Approved | **[ ]  Disapproved** | **Grants Accountant:** | **Date** |

 |
| **Section E Authorized Changes**

|  |  |
| --- | --- |
| **Authorized Changes** | **Cancellation Approval** |
| **V/P:** | **V/P:** |
| **Dean:** | **Dean:** |
| **Date:**  | **Date:**  |

**Fax to Travel Agent** |