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|  | **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** | | |