 **TRAVEL AUTHORIZATION FORM A ( )** Advance Requested

This form is used to authorize travel, reimbursement, and to request a travel advance.

Traveler Name: Click here to enter text. Date Submitted: Click here to enter a date.

Employee Status (check one) ( ) Faculty ( ) Staff ( ) Graduate Student ( ) Undergraduate Student

Employee ID: Click here to enter text. Phone Extension: Click here to enter text.

Department: Click here to enter text.

Home Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Purpose of Trip: Click here to enter text.

Departure Date: Click here to enter a date. Return Date: Click here to enter a date.

Estimated Total Cost: Click here to enter text. Advance Amount Requested: Click here to enter text.

Note: Submit form at least 15 days prior to travel to receive advance.

**Destination**: Click here to enter text. Means of Transport: Click here to enter text.

**For international travel, complete Travel Authorization Form B as well.**

**Signatures and Authorization**

|  |  |
| --- | --- |
| I request authorization to travel under the provision of Trustee Policy T92-031.  Traveler’s Signature:  Date: | I verify that this travel is appropriate as to purpose and amount. Coverage of classes and/or other assignments has been arranged, and the requested travel is approved.  Immediate Supervisor’s Signature:  Title:  Date: |

**Account Information/Approval**

The account to which this travel is charged has the necessary funds to cover the expenditure.

Account\*: Click here to enter text. Speedtype: Click here to enter text.

\*Choose one: 726311-Travel 726200- Out of State Travel 726120 -Foreign Travel (complete next page)

 **TRAVEL AUTHORIZATION FORM B – International Travel**

Submit this form for international travel at least 10 business days prior to travel.

**Traveler Name**: Click here to enter text.

1. State the **cities and countries** you intend to visit: Click here to enter text.
2. **Specify the purpose** of the trip (i.e., research, establish international collaborations, conference, etc.): Click here to enter text.
3. Indicate here the **specific individuals or organizations in this country that you intend to visit** on UML business (i.e., university, specific persons you will be collaborating with, organizations or businesses): Click here to enter text.
4. For Travel with University-Issued Electronic Equipment:

( ) I am submitting a “**Request for Annual Certification for Travel with UML-Issued Electronic Devices”** form, and I request a letter to indicate that I am in compliance with export control regulations for travel with electronic equipment outside of the U.S.

( ) I already have an annual certification letter to indicate compliance with export control regulations for travel with electronic equipment outside of the U.S. Date of certification: Click here to enter a date.

( ) I am NOT travelling with University issued electronic equipment.

5. For Travel with UMass Lowell Research Equipment:

( ) I intend to take research equipment with me, or to ship it separately for use internationally, and have submitted the **“Request to Ship Materials out of the U.S.”** form.  I understand I cannot take/ship such equipment until I have received clearance from the Office of Institutional Compliance.

( ) I am NOT taking research equipment with me or shipping it separately for use internationally.

6. **Traveler and Dean Signatures and Authorizations *(Both boxes must be signed before forwarding to OIC.)***

|  |  |
| --- | --- |
| I understand the U.S. export control requirements for international travel and the information or technology restrictions on controlled items or technology.  Traveler’s Signature:  Date: | I approve this request for international travel, subject to clearance by the Office of Institutional Compliance.  Dean's Signature:  Date: |

Note: **Deans** – Please forward to [Thomas\_Porro@uml.edu](mailto:Thomas_Porro@uml.edu), mail to 219 Wannalancit or Fax to x6012 for OIC review.

7. **Office of** **Institutional Compliance Authorization**

( ) This travel request has been vetted and cleared by the Office of Institutional Compliance (OIC) and has been forwarded to AP/Purchasing and a copy sent back to the Traveler and the Dean for their records.

OIC Printed Name: OIC Signature:

Date:

Notes: