Supplementary Travel Authorization

Supplementary authorization to travel, under state laws and regulations, as follows is requested:

Signature: ___________________________ Date: ___________________________

Name & Title: ___________________________

Department: ___________________________ Date of Original Approved Travel Authorization: ___________________________

Encumbrance Ref. No. ___________________________

INDICATE BELOW DATA FROM ORIGINAL REQUEST:  CHANGE FROM:  TO:

Destination: ___________________________ ___________________________

Date of Trip: ___________________________ ___________________________

Duration of Absence: ___________________________ ___________________________

Method of Travel: ___________________________ ___________________________

Estimated Expense: ___________________________ ___________________________

Account Name & No.: ___________________________ ___________________________

Explanation of Changes Requested: ___________________________

Action by Approving Authorities

The Approval of the supplementary travel authorization is recommended:

Department Head ___________________________

Fund Administrator ___________________________

Dean of College or Supervisor ___________________________

☑ APPROVED  ☐ DISAPPROVED

Approved for the CHANCELLOR by:

Chancellor ___________________________

Vice Chancellor for Administration & Finance or Designee ___________________________

Distribution: (Prepare 5 copies; submit 4)

4. Pink – Authorizing Officer  5. Goldenrod – Originator