

TO: Faculty and Staff
Boling Center for Developmental Disabilities

FROM: Devonia Cage, M.A.
Business Manager

SUBJECT: Requests for Travel

Prior to activities which require your absence from campus during normal working hours, please submit a request for approval by your discipline chief and CDD director. Once approved by the department chief, route form to the director for approval and routing to my office. This form must be completed and signed by the director or business manager at least two weeks prior to the departure date.

All travel for professional leave requires an Official Travel Authorization (T-18) whether at the expense of the individual, from another source or paid by the university. TRAVEL AUTHORIZATIONS MUST BE APPROVED AT LEAST TWO WEEKS PRIOR TO THE ACTIVITY. If you wish the registration fee to be prepaid, the Travel Authorization and Advanced Payment Request (T-19) MUST BE APPROVED AT LEAST FOUR WEEKS BEFORE REGISTRATION FEE IS DUE. Otherwise, you must pay the registration in advance and be reimbursed.

Complete information needed to prepare travel authorization:

Date(s) _____ include travel time.

City _____ State _____ Hotel _____ Room rate _____

Purpose of travel: _____

Estimated cost* _____ Maximum approved \$ _____

At University Expense _____ Not at University Expense _____

Travel by: Personal car _____ UT car _____ Commercial Airline _____

I am requesting leave as follows: _____ Professional Leave _____ Annual Leave

***Information needed to estimate cost is as follows:**

Hotel Costs \$ _____

Travel \$ _____

Registration Fee \$ _____ Check to request prepayment.

Ground transportation \$ _____

Meals (\$34/dy in state) (\$44/dy out state) \$ _____

Total Estimate \$ _____

Requested by: _____ **Date:** _____

Discipline approval: _____ **Date:** _____

Director approval: _____ **Date:** _____

Account Name Charged _____ **Account Number** _____

Fiscal Services Manager _____ **Date:** _____