

Sample

TRAVEL AUTHORIZATION

T244347

Date: 02/20/2019

TRAVELER INFORMATION

TRAVELER NAME [Last name, first name]	UA NETID or EMPLID [only use one of the above]	DEPT/ORG CODE MSE/2804
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER:		<input type="checkbox"/> BLANKET TRAVEL for FY:

TRAVEL DETAILS

BUSINESS PURPOSE OF TRAVEL: (Brief description) [State purpose of travel, include location and dates]	PRIMARY DESTINATION: (City, State, Country) [Indicate Location]
MODE OF TRANSPORTATION:	FUNDING SOURCE (Account):
CITY, STATE DEPARTING FROM:	DUTY POST: [City where you work]
CITY, STATE RETURNING FROM:	DEPARTURE DATE:
** ATTACH ITINERARY IF MULTIPLE LOCATIONS **	RETURN DATE:
	DESIGNATED LODGING: <input type="checkbox"/> YES <input type="checkbox"/> NO [Check appropriate box]

EXCEPTIONS

- Vehicle taken out of state: State-owned Rental Private
 Long-term travel status (Travel exceeds 30 days, provide details)
 Personal time taken (Provide personal travel dates. Cost comparisons required.)
 Use of other than coach/economy travel on commercial airlines (Provide details)
 Miscellaneous (Provide details)
 Group travel (Attach list of attendees)

DETAILS: (Provide details for all checked boxes above)

[Any special circumstances should be listed here.]

INTERNATIONAL TRAVEL

If you are traveling internationally, you must register your trip through the UA International Travel Registry prior to departure:
travel.arizona.edu

TRIP WILL BE/IS REGISTERED IN THE UA INTERNATIONAL TRAVEL REGISTRY
NOTES (Ex: Registry number, etc.):

TRAVEL AUTHORIZATION AND FUNDING APPROVAL

I HEREBY CERTIFY THAT THE TRAVEL AUTHORIZED ABOVE IS FOR A VALID PUBLIC PURPOSE AND THAT THE FUNDS HAVE BEEN APPROPRIATED OR ARE OTHERWISE AVAILABLE FOR PAYMENT OF ANY CLAIMS MADE HEREUNDER, AND THAT IF THE AVAILABLE FUNDS ARE FROM A FEDERAL GRANT, CONTRACT OR SOURCE, THIS TRAVEL IS AUTHORIZED UNDER THE TERMS OF SUCH GRANT, CONTRACT OR SOURCE. THIS AUTHORIZED DEPARTMENTAL APPROVER/P.I. AND/OR COLLEGE/DIVISION AGREES TO ALL EXCEPTIONS NOTED ON THIS TRAVEL ORDER.

AUTH DEPT APPROVER/P.I.	NAME [Leave Blank]	SIGNATURE
FUND APPROVER (if different)	NAME [Leave Blank]	SIGNATURE

TRAVEL ADVANCE REQUEST (Optional)


TRAVELER _____ **TO RECEIVE TRAVEL ADVANCE OF \$** _____ **.(If checked traveler must read and sign below)**
EmplID Amount

**** Complete Disbursement Voucher in UAccess Financials to disburse funds to traveler ****

Important Please Read Before Signing: The University of Arizona is authorized to deduct the amount of the travel advance from any future expense reimbursements or pay due the traveler. The advance must be settled in full within ten days from the return of the trip. In the event these sources are not adequate or in the event of severance of my employment with the University of Arizona, the advance shall become due and payable immediately. It shall bear interest at the rate of 9% annum starting thirty days after the return date of the trip. In the event that it should become necessary to enforce collection of this advance, or any part thereof by suit or otherwise, I agree to pay any and all costs of collection including a reasonable attorney's fee.

TRAVELER/PAYEE SIGNATURE **** HMBC will complete this section if you are requesting an advance, see guidelines for travel authorization****

NEW: THIS FORM MAY BE ROUTED USING ELECTRONIC SIGNATURES VIA ADOBE SIGN

- TO BEGIN ROUTING:**
- 1) Download the new form to your device, fill/edit using Adobe Reader, then save
 - 2) Click here to launch the TA Workflow in Adobe Sign:  Adobe Sign
 - 3) Enter your UA email address or select "Enterprise ID" to login via UA WebAuth
 - 4) Follow the on-screen instructions