

# REQUEST FOR AUTHORITY TO TRAVEL ON UNIVERSITY BUSINESS

IF REVISED FORM 17  
CHECK THIS BOX

Approval of this form as it is submitted does not mean necessarily that the total estimated expenses may be claimed for reimbursement. Exact reimbursement of travel expenses must be made in accordance with Purdue policy and can finally be determined only after the travel voucher has been submitted for reimbursement and reviewed by the Business Office and/or Disbursements.

1. Name \_\_\_\_\_ 2. Staff ID Number \_\_\_\_\_  
REQUESTS AUTHORITY TO TRAVEL ON UNIVERSITY BUSINESS

3. Department Name \_\_\_\_\_ Dept. No. \_\_\_\_\_

4. Leaving at \_\_\_\_\_ on \_\_\_\_\_ 5. Returning at \_\_\_\_\_ on \_\_\_\_\_

6. Traveling from \_\_\_\_\_ to \_\_\_\_\_ and return

7. Purpose of travel? If you have any specific duties at this meeting (Section Chairperson, Give Address or Paper, Etc.) give details here:  
\_\_\_\_\_  
\_\_\_\_\_

8. Will any Personal Travel be Combined with Business Travel? \_\_\_\_\_

9. Date and time **official business** begins: \_\_\_\_\_ ends: \_\_\_\_\_

10. Will accompany \_\_\_\_\_

11. Will be accompanied by \_\_\_\_\_

12. Other University staff attending \_\_\_\_\_

**13. ESTIMATED EXPENSES**

TRANSPORTATION:

**BUSINESS AND PERSONAL TRAVEL COMBINED:**

A statement from a travel agency, airline, or print-out of on-line quote produced PRIOR to the trip must be attached showing cost of transportation from home office to place of business and return.

A. University Vehicle\*  
       0   miles at   \$0.00   per mile   \$0.00    
       0   days at   \$0.00   per day   \$0.00    
 B. Departmentally Owned Vehicle\*\*  Yes  No  
 C. Private Vehicle  
       0   miles at   \$0.00   per mile   \$0.00    
       0   miles at   \$0.00   per mile   \$0.00    
 D. Plane Fare \_\_\_\_\_ CHECK IF PREPAID   \$0.00    
 E. Rental Vehicle (Use #15 for Explanation)   \$0.00    
 F. Taxi, Shuttles, Other Local Conveyances   \$0.00    
 G. Registration Fees \_\_\_\_\_ CHECK IF PREPAID   \$0.00    
 H. Lodging Costs   \$0.00    
 I. Subsistence Allowance  
       0   DAYS @ FULL M & IE RATE \_\_\_\_\_ PER DAY   \$0.00    
 J. Other (specify) \_\_\_\_\_  
     \_\_\_\_\_   \$0.00    
     \_\_\_\_\_   \$0.00    
**TOTAL ESTIMATED EXPENSES**           \$0.00          

\* To be completed if University vehicle is used. Actual cost will be charged to account number indicated on Transportation Form 1.  
 \*\* Operating expenses to be borne directly by department.

**14. EXPENSES TO BE PAID FROM:**

FUND	DEPT	PROJ	DREF	\$ or %

RESERVE CODE (IF APPLICABLE) \_\_\_\_\_  
 If Funds 500-699 are used for this travel, SPS must review.

\_\_\_\_\_  
SIGNATURE OF SPONSORED PROGRAMS REVIEWER DATE

**15. NOTES AND EXPLANATIONS**

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

**16. APPROVAL REQUESTED**

\_\_\_\_\_  
SIGNATURE OF STAFF MEMBER DATE

\_\_\_\_\_  
Position

**17. RECOMMENDATION/APPROVAL**

\_\_\_\_\_  
HEAD OF DEPARTMENT DATE

\_\_\_\_\_  
DEAN OR VICE PRESIDENT DATE

\_\_\_\_\_  
EXECUTIVE VICE PRESIDENT, PROVOST OR PRESIDENT DATE

**VALID ONLY WHEN DATED AND INITIALED BY AN AUTHORIZED UNIVERSITY OFFICIAL**

PREPARED BY \_\_\_\_\_ PHONE \_\_\_\_\_