University of Northern Iowa
Travel Authorization

NOTE: THIS FORM SHOULD BE COMPLETED IN FULL AND SIGNED BY ALL PARTIES PRIOR TO TRAVEL TAKING PLACE AND BEFORE ANY EXPENSES ARE OBLIGATED.

Name: ________________________________

Date(s) of Trip: ________________________

Purpose/Justification of Trip:

Date(s) of Conference/Event: ________________________

Departure Date: ________________________

Departure Time: ________________________

Return Date: ________________________

Return Time: ________________________

Destination:

Accompanying Persons:

Person(s) in Charge During Absence:

Expenses Requested:

_____ None

_____ Transportation

_____ Hotel

_____ Meals

_____ Registration Fees

Mode of Transportation:

_____ University Vehicle

_____ Personal Car

_____ Airplane

Funding:

<table>
<thead>
<tr>
<th>Account Name</th>
<th>Number</th>
<th>Amount</th>
<th>Signature</th>
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Do not sign below until all data is completed above and funding account(s) are provided

Applicant Signature ________________________________ Date __________

Department Head/Supervisor ________________________________ Date __________

Dean/Administrative Official ________________________________ Date __________

AFTER APPROVAL RETURN TO DEPARTMENTAL OFFICE

Rev. December 2009

Form A - Side 1
Complete appropriate section below

**Payment Information**

**Employee Information**
- **Employee Name**: 
- **Employee Number**: (Provide employee #, not UID)
- **Check Handling**:  
  - [ ] Mail to Office Address
  - [ ] Mail to Home Address
  - [ ] ACH Payment

**Complete this form in Excel, there are built in formulas**

<table>
<thead>
<tr>
<th>Provide travel destination (City &amp; State) above</th>
<th>Personal Vehicle</th>
<th>Airfare, Car rental or gas</th>
<th>Lodging</th>
<th>Meals</th>
<th>Misc.</th>
<th>Total</th>
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<tr>
<td>Date</td>
<td>Description</td>
<td>No. of Miles</td>
<td>Charge</td>
<td>Exp. Type</td>
<td>Number</td>
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**Account Code Information/Charge Account**

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<tr>
<th>Fund</th>
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<th>Org</th>
<th>Code</th>
<th>Object Code</th>
<th>Exp. Type</th>
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**Contact Information**

- **Prepared by**: 
- **Department**: 
- **Date**: None
- **Phone**: 
- **Campus Zip**: 

**SEND TO Office of Business Operations (mail code 0008)**

The payee certifies the above expenses are correct and no expenses are claimed for which reimbursement and/or honorarium has been received from another agency unless such reimbursement and/or honorarium has been transmitted to the University by the recipient.

Signature of Payee (required if employee or UNI student)  

Date

Administrative Approval (required)  

Date

**OFFICE OF BUSINESS OPERATIONS USE ONLY**

Approved for Payment: 

Authorized Signature

Invoice No. 

Invoice Batch No.  

Form A - Side 2