REQUEST FOR TRAVEL AUTHORIZATION (RTA) 2009-2010

Name: ____________________________________________________________

UTEID: ____________________________________________________________

Travel Dates: _______________________________________________________

ALL Destinations: __________________________________________________ _______________

Purpose of Travel:
Please give description below. (Name of paper, conference, etc., if needed please attach information)
__________________________________________________________________________________
__________________________________________________________________________________

Traveling to Washington, DC please include: dates, whom, and where will be visited:
__________________________________________________________________________________

Mode of transportation:

_____ Personal Vehicle: PLEASE PROVIDE REASON

_____ Flying: PLEASE PROVIDE A FLIGHT ITINERARY AT TIME OF REQUEST

Disposition of Duties: (Check One)

__1. No classes missed
__2. Duties assumed by colleague (list name) ____________________________________________
__3. Duties require travel
__4. Held until return
__5. Other: (Specify) _______________________________________________________________

Funding for Trip (Check all that apply)**

__1. No Cost to University
__2. Faculty Travel Grant Acct#: ____________________ $: _____________
__3. Department Travel Grant Acct#: ____________________ $: _____________
__4. Professorship Acct#: ____________________ $: _____________
__5. Research or Another department Acct#: ____________________ $: _____________

Please return form to Deborah Peterson in PAR 108, Thank you,