



**REQUEST FOR AUTHORITY TO TRAVEL**  
**(For Insurance Purposes Only)**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

**General Information**

Description:	_____
Business Purpose:	_____
Travel Location:	_____
Method of Travel:	_____
Date From:	_____
Date To:	_____

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Traveler

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Department Head

**INSTRUCTIONS:**

THIS FORM IS TO BE COMPLETED PRIOR TO TRAVEL DATE. THE COMPLETED FORM MUST BE SIGNED BY THE PROPER OFFICIAL TO APPROVE ABSENCE FROM CAMPUS AND/OR AUTHORITY. THE ORIGINAL MUST BE SUBMITTED TO THE TRAVEL OFFICE LOCATED IN THE BASEMENT OF FANNING HALL (BOX #60) PRIOR TO TRAVEL DATE.

**PLEASE NOTE:**

THIS AUTHORIZATION FORM IS USED FOR INSURANCE PURPOSES ONLY. THIS FORM CAN NOT BE USED FOR REIMBURSEMENT FROM THE DEPARTMENT. FOR TRAVEL REIMBURSEMENT, A TRAVEL AUTHORIZATION FORM MUST BE SUBMITTED IN THE EMPLOYEE'S "AT YOUR SERVICE" ACCOUNT.