

Jackson School of Geosciences  
**TRAVEL AUTHORIZATION FORM**

*To expedite your request, please complete all fields*

*Please submit two weeks prior to travel*

Name: \_\_\_\_\_ Travel Dates: \_\_\_\_\_ To: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
(departure date) (return date)

Title: \_\_\_\_\_ Travel to: \_\_\_\_\_

UTEID: \_\_\_\_\_

Email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

*(Destination: City, State and Country. List cities for your main destination on your air ticket, car rental pick-up AND where you will have expense receipts for hotel stay, conference/meeting or main field work)*

*For Travel to Washington DC, list contact name & agency*

Estimated Expenses**:	
Meals:	\$ _____
Lodging:	\$ _____
Transportation	\$ _____
Registration	\$ _____
Other	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

No Cost to UT     Seeking Professional Development Funds (attach completed PDA form!)     Using Travel Agency

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_ \* Reimbursement \$-limit or % \_\_\_\_\_ Signature by Account Holder \_\_\_\_\_ Account Holder Name \_\_\_\_\_  
**Please Print**

Students and staff are responsible for obtaining supervisory approval prior to submitting an RTA.

**Purpose of Travel--Check below:**

- 01 Attend meeting, conference, etc.
- 02 Conduct lecture or teach course
- 03 Perform research activities
- 04 Participate or officiate in an event
- 05 Recruit prospective employee or student
- 06 Site or field visit
- 07 Serve as expert witness
- 08 Present original research paper
- 09 Fundraising
- 10 Negotiate a contract

**Benefit to University--Check below:**

- 01 Help accomplish research objectives
- 02 Help fulfill contract provisions
- 03 Enhance grad/undergrad curriculum
- 04 Enhance performance of job duties
- 05 Enhance University Operations
- 06 Enhance reputation of the University
- 07 Raise funds for faculty/student support
- 99 Other \_\_\_\_\_

**Disposition of Duties--Check below:**

- 01 No classes missed
- 02 Duties assumed by colleagues or staff
- 03 Duties require travel
- 04 Duties held until return
- 99 Other \_\_\_\_\_

**Reimbursement requests based on this authorization must reflect all other funding received, incl. free meals.**

**SPECIFIC DUTY/REASON FOR TRAVEL:** \_\_\_\_\_

Group Travel? Yes    No    If yes, please provide names of persons in the group: \_\_\_\_\_

Office Use Only: VE5# \_\_\_\_\_ RTA# \_\_\_\_\_ Date: \_\_\_\_\_ VE6# \_\_\_\_\_

\* If left blank, reimbursement request will be processed at 100%

\*\* By submitting this form, you declare that any non-UT business expenses associated with this trip will be excluded from your reimbursement request.