

Jackson School of Geosciences
TRAVEL AUTHORIZATION FORM

To expedite your request, please complete all fields

Please submit 30 days prior to travel

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

Title: _____ Travel to: _____

UTEID: _____
(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)

Email: _____
For Travel to Washington DC, list contact name & agency

Contact phone: _____

Estimated Expenses**:	
Meals:	\$ _____
Lodging:	\$ _____
Transportation	\$ _____
Registration	\$ _____
Other	\$ _____
TOTAL:	\$ _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.