The University of Texas at Austin
School of Nursing

REQUEST FOR TRAVEL AUTHORIZATION

Name _____ UT EID _____ Date _____

Absence to extend from _____ to _____ Dates of Travel: _____ to _____

Travel Destination: _____ Phone where you can be reached: _____

Disposition of Work while absent*: List all courses from which you will be absent and faculty who will be substituting for you.*

Course #	Course Title	Clinical? (yes or no)	Faculty

1. Reason for Travel (State school business to be transacted and 2. Show benefit to the University and/or School of Nursing faculty and/or students):1._____

2._____

Official name and sponsor of meeting where attendance is planned:_____

Estimated Cost:

Transportation	Other Expenses
Plane Fare: _____	Food: _____
Car Mileage: _____	Lodging: _____
Other: _____ (specify)	Registration: _____
	Ticket Service Fee:_____

Account Title/Account Number: _____Tickets centrally charged?:___Yes ___ No

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School of Nursing Division Chair (or Grant PI if using a grant account)

Travel Recommended: _____ Yes _____ No

Modification of Request:_____

Amount $ approved: _____ Source of Funds: _____

Signature _____ Title _____

Dean's Approval

_____ Approved

_____ Disapproved

_____ Faculty Travel Grant

_____ With State Travel

_____ With Discretionary Funds

_____ Without School Funds

_____ Research or Other Funds

Modification of Request: _____

_____ _____

Dean's Signature **Date**

Rev. 7/15/2011-mkh