

The University of Texas at Austin  
School of Nursing

REQUEST FOR AUTHORIZATION FOR TRAVEL TO CLINICAL SITES

Name \_\_\_\_\_ UT EID \_\_\_\_\_ Date \_\_\_\_\_

Semester intra-city travel will occur (Ex: Spring 08): \_\_\_\_\_

Trips to: (e.g., "Health agencies in \_\_\_\_\_." Please indicate cities in addition to Austin, even if they are close, such as Pflugerville, Round Rock)

\_\_\_\_\_

Days out of office (**specific start and end dates**): \_\_\_\_\_

Reason for Travel (Course #): \_\_\_\_\_ Agency name: \_\_\_\_\_

Benefit to the University and/or School of Nursing faculty and/or students): \_\_\_\_\_

Estimated Cost: Car Mileage: \_\_\_\_\_ (estimated mileage) X 58.5¢/mile = \$ \_\_\_\_\_

Other: \_\_\_\_\_ (specify) (i.e. parking fee)

\_\_\_\_\_

**School of Nursing Division Chair**

Travel Recommended: \_\_\_\_\_ Yes \_\_\_\_\_ No

Modification of Request: \_\_\_\_\_

Amount \$ approved: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_

**Dean's Approval**

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Modification of Request: \_\_\_\_\_

\_\_\_\_\_  
**Dean's Signature**

\_\_\_\_\_  
**Date**