



# UNIVERSITY of WISCONSIN-GREEN BAY



## TRAVEL AUTHORIZATION FORM

NAME \_\_\_\_\_

DESTINATION \_\_\_\_\_

DATES: DEPARTURE \_\_\_\_\_

RETURN \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_

CLASSES MISSED AND ARRANGEMENT FOR COVERAGE \_\_\_\_\_

OTHER PEOPLE ATTENDING \_\_\_\_\_

- |     |    |   |
|-----|----|---|
| Yes | No | Is this travel essential & necessary for you to perform your duties?                  |
| Yes | No | Are you a conference presenter or panelist?   |
| Yes | No | Could the business be accomplished through other means (e.g., tele/video conference)? |
| Yes | No | Are there alternative sites closer to campus that would result in lower travel costs? |
| Yes | No | Is it necessary for more than one employee from a division to attend this event?      |
| Yes | No | Could the information be shared with colleagues by one person authorized to attend?   |
| Yes | No | Could the trip be postponed or canceled, without sizable fiscal consequences?         |

### MODE OF TRAVEL

Fleet Car

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

Plane

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

Personal Car

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

Other

\_\_\_\_\_  
Chancellor/Asst.-Assoc. -Vice

\_\_\_\_\_  
Date

### ACCOUNTING INFORMATION

ACCOUNT	FUND	ORGANIZATION	PROGRAM	SUB-CLASS	BUDGET YEAR	PROJECT	AMOUNT
PERSONAL/NON-UW AGENCY							AMOUNT
TOTAL ESTIMATED COST							

**Note:** If an airline ticket is charged directly to the University on the University's corporate airfare charge card this **original** form must be forwarded to Diane Eastman in the Controller's Office.