

NC State University - Physics Department
Travel Pre-Authorization Form

Name _____

Destination _____

Date and Time of Travel: Start _____ Return _____

Purpose of Trip _____

If you are attending a conference, will you give a presentation? Yes No

Will this trip include personal travel? Yes No Dates – To: _____ From: _____

Destination: _____

Travel Estimate

Special Authorizations

Mileage _____

Overnight Travel

Airfare _____

Excess Lodging Rates

Lodging _____

Business Class Airfare

Meals _____

Rental Car

Conf/Registration Fees _____

Use of Personal Vehicle

Workshop/Training Fees _____

Attendants For
Handicapped Employees

Other Expenses _____

Other Ground Transportation _____

Estimate of Total Cost \$ _____

Traveler

Date

Contact Person

PI (for grant travel)

Date

FAS Acct # (for grant travel)

Department Head

Date