

TRAVEL PRE-AUTHORIZATION

	date	
submitter's name	phone	room #

fund/account # _____ ▶ _____ % ▶ _____ P.I. Authorization signature	fund/account # _____ ▶ _____ % ▶ _____ P.I. Authorization signature
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traveler's name		phone													
DESTINATION city: _____ state: _____		uw employee non-UW consultant student - payroll: y n													
depart: (MM/DD/YY)	return: (MM/DD/YY)														
TRAVEL JUSTIFICATION: domestic foreign															
TRANSPORTATION		ESTIMATED COST													
airplane fleet car (uw employee only)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">transportation</td><td style="width: 20%;"></td></tr> <tr><td>lodging</td><td></td></tr> <tr><td>meals</td><td></td></tr> <tr><td>other</td><td></td></tr> <tr><td>registration</td><td></td></tr> <tr><td style="text-align: right;">total</td><td></td></tr> </table>			transportation		lodging		meals		other		registration		total	
transportation															
lodging															
meals															
other															
registration															
total															
personal car confirmation # _____															
other _____ waiting list # _____															
pickup: date _____ time _____															
drop off: date _____ time _____															
PARTICIPANT SUPPORT INFO (NSF ONLY)		HONORARIUM/ STIPEND													
stipends only travel expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">days</th> <th style="width: 33%;">\$ per day</th> <th style="width: 34%;">total</th> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>			days	\$ per day	total			\$						
days	\$ per day	total													
		\$													
stipends & travel expenses subsistence expenses															

BUSINESS OFFICE USE ONLY		
request recd. _____	date ordered _____	budget clrc. _____