



TRAVEL AUTHORIZATION FORM

OAKLAND UNIVERSITY WILLIAM BEAUMONT

Traveler's Name		Title or Position		Department	
Destination:			Fund #	Account #	
Departure Date:			Return Date:		
Rationale for Travel:					
			<i>For office use only</i>		
Reimbursement Requested for	Estimated Cost	Actual Cost	Payment Method	Pcard Log#	
Registration					
Transportation					
Lodging					
Meals					
Miscellaneous					
Total					
Nature of Travel:			Mode of Travel:		
	Administrative			Commercial Airline	
	Educational			Private Car (Drive/Fly Comparison Sheet Required)	
	Recruitment			Other (specify)	
	Research				
	Other (specify)				
Signature of Traveler:				Date:	
Supervisor Authorization:				Date:	
Budget Authorization:				Date:	

INSTRUCTIONS:

1. Submit request form to Supervisor.
2. If travel is in relation to a workshop, conference or seminar, a copy of the brochure must be attached.
3. Policies on travel may be found in the Administrative Policies and Procedures document found on the OU web site.