OAKLAND UNIVERSITY TRAVEL AUTHORIZATION
Academic Affairs

Traveler's Name	Title or Position	Department/Organization Name	
Destination		**Fund #**	**Account #**
Departure Date:		**Return Date:**	
Purpose			
Class Coverage (if applicable)			
DEAN/VPAA OFFICE USE ONLY			
Advance	**Payments**		

Reimbursement Requested for:		**Estimated Cost:**
☐	Transportation	
☐	Lodging	
☐	Meals	
☐	Registration Fees	
☐	Miscellaneous	
	Total	**$0.00**
	Limit of Reimbursement (if applicable)	
	Travel Advance Recommended (if any)	

Nature of Travel:	
☐	Administrative
☐	Educational
☐	Faculty Contract
☐	Recruitment
☐	Research
☐	Other (specify)

Mode of Travel:	
☐	Commercial Airline
☐	Private Car (cannot exceed cost of coach airfare)
☐	Ride with
☐	University Vehicle
☐	Driver
☐	Passengers
☐	Other (specify)

Signature of Traveler:		**Date:**	
Dept Head or Authorized Representative Approval:		**Dean or VPAA Approval:**	
Date:		**Date**:	

INSTRUCTIONS:

1. Submit request form to Department Head, Dean, and/or VPAA as appropriate.
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.

6/25/03