

MLLL Travel Pre-Authorization Request

- 1) Personal
 2) Business

3) **Traveler:** _____ **Unit:** _____

4) **Destination:** _____

5) **Expected departure date & time :** _____

6) **Expected return date & time:** _____

7) **Purpose of trip:** _____

8) **Who will handle your responsibilities in your absence?**

9) **How can you be reached during this time, including University non-working hours?**

10) **To be completed only for out-of-state travel while on business.**

Account(s) expected to be charged:

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Estimated Travel Expenses:

Airfare	
Public Transportation	
Per Diem	
Lodging	
Registration	
Mileage	@ /mile
Local Transportation	
Parking	
Other	

TOTAL ESTIMATED COST:

Signature: _____ **Date:** _____

Approval: _____ **Date:** _____

Chair