



UNIVERSITY of WISCONSIN-GREEN BAY



Travel Authorization Form

NAME _____

DESTINATION _____

DATES: DEPARTURE _____

RETURN _____

PURPOSE OF TRIP _____

CLASSES MISSED AND ARRANGEMENT FOR COVERAGE _____

OTHER PEOPLE ATTENDING

- | | | |
|-----|----|---|
| Yes | No | Is this travel essential & necessary for you to perform your duties? |
| Yes | No | Are you a conference presenter or panelist? |
| Yes | No | Could the business be accomplished through other means (e.g., tele/video conference)? |
| Yes | No | Are there alternative sites closer to campus that would result in lower travel costs? |
| Yes | No | Is it necessary for more than one employee from a division to attend this event? |
| Yes | No | Could the information be shared with colleagues by one person authorized to attend? |
| Yes | No | Could the trip be postponed or canceled, without sizable fiscal consequences? |

MODE OF TRAVEL

Fleet Car

Traveler's Signature

Date

Plane

Supervisor

Date

Personal Car

Dean/Director

Date

Other

Chancellor/Asst.-Assoc. -Vice

Date

ACCOUNTING INFORMATION

ACCOUNT	FUND	ORGANIZATION	PROGRAM	SUB-CLASS	BUDGET YEAR	PROJECT	AMOUNT
			PERSONAL/NON-UW AGENCY				AMOUNT
			TOTAL ESTIMATED COST				

Note: If an airline ticket is charged directly to the University on the University's corporate airfare charge card this **original** form must be forwarded to the Travel Coordinator in the Controller's Office, ES 109.