TRAVEL AUTHORIZATION FORM

Name: ___________________________ E-mail: ___________________________

Fax: ___________________________ Phone: ___________________________

Destination: ___________________________

Dates of Travel: ___________________________

Reason for Travel: ___________________________

Estimated Costs:

Air Fare: ___________________________

Local Transportation: ___________________________

Airport Parking: ___________________________

Auto Mileage: ___________________________

Registration Fee: ___________________________

Rental Car (must be pre-approved): ___________________________

Rental Car Gas: ___________________________

Hotels (per diem): ___________________________

Meals (per diem): ___________________________

Total: ___________________________

Fellow’s Signature: ___________________________ Date: ___________________________

LABORATORY ENDORSEMENT:

The laboratory authorizes this Travel.

Advisor’s Signature: ___________________________ Date: ___________________________

Lab Coordinator’s Signature: ___________________________ Date: ___________________________

ASEE Action: You are authorized to travel and to incur necessary expenses in accordance with applicable laws and regulations.

(Signature of ASEE Official) ___________________________ Date: Date: ___________________________

Travel Approved: Travel Not Approved