

# University Travel Expense Authorization Form

## Traveler Information

Full Name

Department

Position/Title

Email Address

Contact Number

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## Travel Details

Purpose of Travel

Destination

Travel Dates (Start - End)

e.g., 2024-07-10 to 2024-07-15

Funding Source

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## Estimated Expenses

Expense Type	Description	Amount (USD)
Airfare	e.g., round trip flight	
Accommodation	e.g., 4 nights hotel	
Meals		
Transportation	e.g., taxi, rental car	

Registration

e.g., conference fee

**Total Estimated Amount**

## Signatures

Traveler Signature

Type or sign name

Date

YYYY-MM-DD

Supervisor / Department Head Name

Supervisor Signature

Type or sign name

## Important Notes

- All travel must be pre-approved before any expenditure is incurred.
- Provide detailed and accurate estimates; attach supporting documents if required.
- Submit completed form to your department administration office for authorization.
- Retain copies of receipts and documentation for reimbursement after travel.
- Non-compliance with university travel policy may result in delayed or denied reimbursement.