

## TRAVEL AUTHORIZATION FORM Out of State Only

Business travel policies are aligned with state & federal reimbursement rules. Travelers are responsible for understanding the rules and regulations associated with official travel paid for with UADA funds as indicated in the policy at <u>UADA 380.1</u>. Questions regarding travel policies should be directed to our accounts payable team at accountspayable@uada.edu.

policies should b	be directed to ou	r accounts pa	yable team at	accountspa	ayable@uad	da.edu.				- 33		
Traveler Rela	Traveler Name											
	t/County		Official Station									
Unit/Department/County								- Cinicia Giation				
A. TRIP I	DETAIL											
Trip Destinat	ion			Workday Business Purpose								
Travel Description Including Business Justification												
	Departure Date	Return Date	# of Days	Та	king Perso	nal Days?	Yes		No		]	
Travel Dates	-					,						
Event Dates			If yes,									
Official Time Only (No UADA Cost)			you require a travel advance?				A spend authorization in Workday must be submitted and approved to receive a travel advance.					
R TPAV	EL ESTIMATE	2										
B. TRAVEL ESTIMATES  Link to Federal Per Diem for Meals and Incidental Expenses (M&IE): https://www.gsa.gov/travel/plan-book/per-diem-rates												
Link to redefair er	Dicini loi lvicais ai	id inoldental Ex	Rate	Total	.gsa.gov/trave	SI/PIGIT-DOON)	JCI-GICITI-	Tates				
Cost Description				Estimated Cost	TCard Charge	Justification/Description/Explanation					ion	
Registration Fee	•								-	-		
Airfare												
Lodging												
Car Rental												
Parking												
Personal Vehicle	(Rate)											
Meals												
Baggage Fee												
Taxi/Ground Trans	sportation											
Other (Description	n Required)											
Total Estimate			ed Costs									
C. TRIP FUNDING												
		tributo										
	naining to Dis Vorkday Cost Center ID	REEport (AES Only)	Amount		a Work		d Author	rization	or Travel	Authoriz	ole or part, zation Form y name in	
					the des	cription ar	nd the e	xpenses	s they wi	ll be spo	nsoring.	
Enter 3rd-Party Information				1		lict of interest disclosure may also be required. See <u>1801 Division Conflict of Interest Policy</u> for additional ation.						
D. TRAVEL APPROVAL												
I approve this out of state trip request and verify the availability of funds for the allowed incurred costs as documented in this authorization.												
I approve this out	t of state trip requ	uest and verify	the availabil	ity of funds	for the allow	ed incurred	l costs a	s docum	ented in tl	nis autho	rization.	
Supervisor Signature (Required if different from Department Head/Staff Chair)						Supervisor Printed Name Date Approved						

Department Head/Staff Chair Printed Name

Date Approved

Department Head/Staff Chair Signature