



1 Name and Mailing Address of Traveler		2 Campus address and phone <div style="text-align: right;">2700 Evergreen Pkwy NW, Olympia WA, 98505 (360) 867-6000</div>																																									
		3 Banner A# (ssn if no A#)																																									
4 Type of Traveler (select one box only) <div style="display: flex; justify-content: space-around;">Faculty/StaffStudentNon-EvergreenCandidate for Faculty/Staff position</div>																																											
5 Type of Travel Authority (select one)																																											
Blanket Travel Authority for travel within Washington State and contiguous counties/cities of Idaho & Oregon. For period of: _____		One Time Trip (Note: for travel out of country or to Hawaii, attach Trip Justification)																																									
Group/Field Trip - attach separate list of all travelers.																																											
6 List accompanying travelers - attach a list of travelers if needed (Note: This is for liability purposes only. If any of the accompanying travelers are to be reimbursed for travel expenses, they must have their own individual travel authority)																																											
7 Modes of Travel Authorized <div style="display: flex; justify-content: space-between;"><div>Air Pool Vehicle Private Vehicle Other (indicate type) _____</div><div>Rental Vehicle Local Trans. (bus, taxi, etc.)</div></div>																																											
8 Reimbursement limited to: Normal Per Diem & Travel Expenses Limited (i.e., Actual Exps. with receipts, TESC _____ Liability Coverage, etc.) Other (type of expenses, amount, etc.) _____																																											
9 Itinerary (Required): Purpose and Destination of Trip: (include dates, city/locations of meetings, conferences, etc.) ***NOTE: Travel to foreign countries and Hawaii require a trip justification form. Attach it to the travel authority.																																											
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;">Date</th><th style="width: 40%;">From: (Location)</th><th style="width: 5%;"></th><th style="width: 40%;">To: Location</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Date	From: (Location)		To: Location																																				
Date	From: (Location)		To: Location																																								
Attach a separate sheet if needed for itinerary.																																											
10 Travel Advance Yes No (if yes, complete and attach Travel Advance Request Form)																																											
11 Organization code and name to be charged: (may list multiple orgs) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																											
Prepared By: Name, Ext, Date		Organization Approval Signature Date																																									
		Print Name																																									