



1 Name and Mailing Address of Traveler		2 Campus address and phone																																													
		3 Banner A# (ssn if no A#)																																													
4 Type of Traveler (select one box only) Faculty/Staff Student Non-Evergreen Candidate for Faculty/Staff position																																															
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 Air Pool Vehicle Private Vehicle Other (indicate type) _____ Rental Vehicle Local Trans. (bus, taxi, etc.)																																															
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 <u>Itinerary (Required): Purpose and Destination of Trip: (include dates, city/locations of meetings, conferences, etc.)</u> ***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><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <div style="text-align: right; margin-top: 10px;">Attach a separate sheet if needed for itinerary.</div>				Date	From: (Location)		To: Location																																								
Date	From: (Location)		To: Location																																												
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																																													