



TRAVEL AUTHORIZATION

1. **NAME:** _____
2. **DATE:** _____
3. **EMPLOYEE NUMBER:** _____
4. **CONTRACT NAME:** _____ Direct Indirect
5. **TRAVEL DATES:** _____
6. **PURPOSE OF TRIP:** _____
7. **LOCATION(S):** _____

	Per Diem Rate	Estimated Expenditure
Airfare		\$
Lodging	\$	\$
Meals	\$	\$
Other Trans	\$	\$
Misc	\$	\$
<u>Total</u>		\$

Supervisor	Signature	Date
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Division Operations	Signature	Date
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