



ACADEMIC AFFAIRS
Travel Authorization Form
Faculty and Staff

Please complete this form and submit it to your School Dean or Appropriate Administrator for approval prior to absence from campus.

| Employee Information | | | |
|----------------------|----------------|------------|---------------------|
| Name | Title/Position | Department | Campus Phone Number |
| | | | |

| Absence and Destination Information | | |
|-------------------------------------|------|-------|
| Date(s) of Absence | City | State |
| | | |
| Reason for Absence | | |
| | | |

| Teaching Arrangements | |
|---|---|
| Will this absence impact your scheduled teaching responsibilities? Yes No | If yes, please describe below how teaching responsibilities will be covered during your absence. Whenever possible, it is preferred that your classes continue to meet as originally scheduled. |
| | |

| Anticipated Funding Sources | | |
|--|---|----------------------------------|
| Use the drop down below to select your anticipated funding source. If unknown, select other. | | |
| Funding Source | Additional Information (include Grant Fund number if applicable) | Expense of Trip Not to Exceed |
| | | |

Travel and Lodging Policies

If you require a travel advance or are travelling internationally (which requires pre-approval from the President of the University), visit the [Seawolf Service Center website](#) for more information and the appropriate forms.

| | |
|--|---|
| Have you completed the Online Travel Certification? Yes No | If "No", please log in to Skillport via Online Services to complete it. |
|--|---|

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|---|---|
| Will your lodging arrangements exceed \$275 per night (excluding taxes)? Yes No | If "Yes", please provide an explanation for the business reason to stay at the hotel below. |
| | |

| Signatures and Approval | | |
|---|----------------------------------|-----------------------------------|
| Traveler's Signature (Required) | <input type="text"/> | Date (Must be prior to travel) |
| | | |
| | Approval Signature(s) (Required) | Date (Must be prior to travel) |
| Department Chair/Supervisor/P.I. | <input type="text"/> | <input type="text"/> |
| Appropriate Administrator (VP, AVP, Dean, Manager) | <input type="text"/> | <input type="text"/> |