

Client-Reimbursable Pre-Trip Authorization Form

This form must be completed and approved prior to booking any travel that will be billed back to a client.

1. Traveler Information

Traveler Full Name:
Job Title:
Department:
Email Address:
Phone Number:

2. Client & Project Information

Client Name:
Project Name / Code:
Billing Reference / PO Number:
Client Contact Person:

3. Trip Details

Purpose of Trip:
Departure City / Origin:
Destination City:
Departure Date (MM/DD/YYYY):
Return Date (MM/DD/YYYY):

4. Estimated Reimbursable Expenses

Airfare / Train:	<input type="text" value="0.00"/>
Lodging (Total):	<input type="text" value="0.00"/>
Meals & Incidentals:	<input type="text" value="0.00"/>
Ground Transportation (Car Rental, Taxi, Mileage):	<input type="text" value="0.00"/>
Other Expenses:	<input type="text" value="0.00"/>
Total Estimated Cost:	<input type="text" value="0.00"/>

5. Authorization & Signatures

By signing below, the parties agree that the travel expenses detailed above are authorized and reimbursable under the terms of the client agreement.

Traveler Signature:	<input type="text"/>	Date:	<input type="text"/>
Internal Manager Approval Signature:	<input type="text"/>	Date:	<input type="text"/>
Client Authorized Representative Signature:	<input type="text"/>	Date:	<input type="text"/>