

# Non-Employee and Guest Travel Authorization Form

Instructions: Please complete this form prior to the trip. Since this is a printable form, please fill out all fields digitally before printing for signatures.

## 1. Traveler Information

Full Name (as it appears on ID):	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Affiliation / Organization:	<input type="text"/>
Mailing Address (for reimbursement):	<input type="text"/>

## 2. Host / Sponsor Information

Sponsoring Host Name:	<input type="text"/>
Sponsoring Department:	<input type="text"/>
Host Email Address:	<input type="text"/>
Host Phone Number:	<input type="text"/>

## 3. Trip Details

Purpose of Travel:	<input type="text"/>
Destination City, State/Country:	<input type="text"/>
Departure Date (MM/DD/YYYY):	<input type="text"/>
Return Date (MM/DD/YYYY):	<input type="text"/>

## 4. Estimated Expenses

Estimated Airfare/Transportation:	<input type="text"/>
Estimated Lodging:	<input type="text"/>
Estimated Meals / Per Diem:	<input type="text"/>
Estimated Miscellaneous (Taxi, Parking, etc.):	<input type="text"/>
Total Estimated Cost:	<input type="text"/>

## 5. Funding & Account Coding

Fund:	<input type="text"/>	Department ID:	<input type="text"/>
Program:	<input type="text"/>	Project / Grant:	<input type="text"/>

## 6. Signatures and Approvals

By signing below, the parties agree that the travel is for official business purposes and estimated expenses are authorized.

Traveler Signature:	_____	Date:	<input type="text"/>
Host/Sponsor Signature:	_____	Date:	<input type="text"/>
Authorized Approver Name:	<input type="text"/>	Title:	<input type="text"/>
Authorized Signature:	_____	Date:	<input type="text"/>