

**UNIVERSITY OF NEBRASKA-LINCOLN
PRE-TRIP REQUEST FOR TRAVEL AUTHORIZATION**

DATE SUBMITTED _____

NAME

SS#

DEPARTMENT _____

RETURN COPY OF APPROVED AUTHORIZATION TO:

TELEPHONE _____

PURPOSE OF TRAVEL _____

ITINERARY: FR
TO

DATE/TIME OF DEPARTURE

DATE/TIME OF RETURN

FOR TRAVEL BY COMMERCIAL CARRIER :
TICKET WILL BE BILLED DIRECTLY TO THE UNIVERSITY
TICKET WILL BE PAID PERSONALLY AND BE REIMBURSED

Retain this document in department files
Department Assigned Number

ESTIMATED EXPENSES	
TRANSPORTATION(DESIRED METHOD AND AMOUNT):	
STATE VEHICLE	_____ \$ _____
PERSONAL VEHICLE	_____ \$ _____
COMMERCIAL CARRIER	_____ \$ _____
LODGING	_____ \$ _____
MEALS	_____ \$ _____
REGISTRATION FEES	_____ \$ _____
TAXI & FARES	_____ \$ _____
OTHER EXPENSES	_____ \$ _____
TOTAL ESTIMATED EXPENSES	_____ \$ _____

CHECK ONE:

CHARGE TO COST OBJECT:	CHARGE AIRFARE TO:
_____ \$ _____	<input type="checkbox"/>
_____ \$ _____	<input type="checkbox"/>
_____ \$ _____	<input type="checkbox"/>

REQUESTED BY _____

SIGNED _____
Department chair

SIGNED _____
Dean or Director

APPROVALS ARE MADE IN ACCORDANCE WITH TRAVEL REGULATIONS
IN THE UNL BUSINESS POLICIES AND PROCEDURES MANUAL AS
AMENDED, UNLESS SPECIFIC REQUESTS ARE NOTED AND APPROVED
ON THIS APPLICATION.