

**School of Information  
Request for Travel Authorization**

Traveler: \_\_\_\_\_ Destination: \_\_\_\_\_

Dates of Travel: Depart: \_\_\_\_\_ Return: \_\_\_\_\_

<p style="text-align: center;"><b>Purpose of Travel/Please mark one:</b></p> <p><input type="checkbox"/> Attend meeting, conference, etc. Name of the conference _____ _____</p> <p><input type="checkbox"/> Conduct Lecture or teach course.  <input type="checkbox"/> Perform research activities.  <input type="checkbox"/> Participate in or officiate at an event.  <input type="checkbox"/> Recruit prospective employee or student.  <input type="checkbox"/> Site or field visit.  <input type="checkbox"/> Serve as expert witness.  <input type="checkbox"/> Present original research paper.  <input type="checkbox"/> Fundraising.  <input type="checkbox"/> Negotiate a contract.  <input type="checkbox"/> Prospective employee  <input type="checkbox"/> Other _____</p>	<p style="text-align: center;"><b>Benefit to University/Please mark one:</b></p> <p><input type="checkbox"/> Help accomplish research objectives.  <input type="checkbox"/> Help fulfill contract provisions.  <input type="checkbox"/> Enhance grad/undergrad curriculum.  <input type="checkbox"/> Enhance performance of job duties.  <input type="checkbox"/> Enhance University operations.  <input type="checkbox"/> Enhance reputation of the University.  <input type="checkbox"/> Raise funds for faculty/student support.  <input type="checkbox"/> Other _____</p> <hr/> <p style="text-align: center;"><b>Disposition of Duties/Please mark one:</b></p> <p><input type="checkbox"/> No classes missed  <input type="checkbox"/> Duties assumed by colleagues or staff.  <input type="checkbox"/> Duties require travel.  <input type="checkbox"/> Duties held until return.  <input type="checkbox"/> Other _____</p>
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If you will be presenting a paper, give the title of the paper: \_\_\_\_\_

Your flight, rental car, and/or hotel reservations will be made by?

- Yourself  
 Travel Associate

If Travel Associate will be making your reservations, what would your ideal arrangements be?

Date/Time to Leave	Departure Airline & Flight Number (if known)	Date/Time to Return	Return Airline & Flight Number (if known)
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Hotel/Motel/Bed & Breakfast/Will you need any of the following?

A Rental Car?	Meals & Lodging?	Ground Transportation?	Other?	Registration Fee?	Personal Car Mileage?
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Will you be applying for a faculty travel grant for this trip?

- Yes  
 No

Source(s) of funding for this trip: \_\_\_\_\_

Account Number/Name (if known)	Or <input type="radio"/> No cost to UT
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Return this form to Kathleen as soon as possible.

Revision Date: 05/2009