

**COLLEGE OF ARTS AND SCIENCES
HOWARD UNIVERSITY**

**TRAVEL AUTHORIZATION REQUEST (TA)
DOMESTIC ONLY**

TODAY'S DATE:		DEPARTMENT:	
REQUESTER'S NAME:		REQUESTER'S PHONE:	
TRAVELER'S NAME:		TRAVELER'S PHONE:	
TRAVEL DATES:	START:	END:	
PURPOSE OF TRAVEL/SPECIAL AUTHORIZATION REQUESTED (attach supplement if necessary):			

BILLING/BUDGET INFORMATION:

DEPT./PROJECT ACCOUNT NO.		EXP. CODE:	
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ESTIMATED EXPENDITURES (To be completed by REQUESTER or TRAVELER as appropriate.)

CATEGORY	UNIT COST	QTY	TOTAL	NOTES
AIR/RAIL Transportation				
GROUND Transportation				
Lodging				
Meals - PER DIEM (first and last days)				
Meals - PER DIEM (days in between)				
Miscellaneous				
TOTAL REQUESTED				

I hereby certify that I will file a settlement report, with supporting receipts, within ten (10) days after travel.

Responsible Party:		Report Due Date:	
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AUTHORIZED/APPROVED BY:

Chairperson's Name:	Chairperson's Signature:	Date:	
Olcan Hollister, Assistant Dean	Dean's Signature:	Date:	\$\$ Approved:

COAS Domestic Travel Authorization Request (TA)

INSTRUCTIONS

Domestic travel must be approved 30 days in advance of start of travel.

Supporting Documents required. Please include the following documents if relevant: Invitation to present/participate, Registration, Justification if needed, and/or other forms, as needed.

REQUESTERS/TRAVELERS

FIELD NAME	INSTRUCTIONS
TODAY'S DATE	Enter the current date.
DEPARTMENT	Enter the name of the department.
REQUESTER'S NAME	If the faculty/staff person is the <i>Traveler</i> , they may leave this field blank. If the form is being prepared on behalf of someone else (e.g. a student, visitor for whom we are paying travel costs.), enter the name of person completing the form. This person will be responsible for making the travel arrangements and filing the settlement report.
REQUESTER'S PHONE	Enter a phone number at which the <i>Requester</i> can be reached in case there are questions. If the faculty/staff person is preparing the form for him/herself, he/she may leave this field blank.
TRAVELER'S NAME	Enter the name of the person who will be traveling . If multiple, use the <i>Special Authorization Requested</i> field to note number of travelers and attach a separate sheet with names.
TRAVELER'S PHONE	Enter a phone number at which the <i>Traveler</i> can be reached in case there are questions. If travel is for a student or visitor, the <i>Requester's</i> phone number must also be entered.
TRAVEL DATES	Enter the dates when travel will START and END.
PURPOSE OF TRAVEL/ SPECIAL AUTHORIZATION REQUESTED	Enter a short statement noting purpose of travel including location (e.g. Present at World Congress, Johannesburg, South Africa; or Attend NSA Meeting, Chicago, IL). Enter any special requests and or explanations (e.g. names of students who will be traveling or split funding requests). Attach a supplement for any requests that require more space than allowed on the form.
DEPT./PROJECT ACCOUNT NO.	Enter either the COAS Department (315xxx) or Project (R, U, Grant) account number as appropriate.
EXP. CODE	Enter the expense code 5500 for Domestic Travel
ESTIMATED EXPENDITURES	Please complete only those items for which funding support is being requested. If requested funding is expected to partially cover overall costs, please place the total requested on the miscellaneous line to allow for maximum flexibility.
RESPONSIBLE PARTY	The faculty/staff person who is the <i>Traveler</i> , signs here electronically. For students and visitors , the faculty or staff person preparing the request (the <i>Requester</i>) on their behalf signs here. This signer is the person responsible for filing the settlement report.
REPORT DUE DATE	The settlement report is due 10 days after travel is completed. Please calculate appropriate date based on the <i>END</i> date entered in <i>Travel Dates</i> field.
CHAIRPERSON'S NAME	Enter the name of the department's chairperson. Chairperson should digitally sign the document.

AUTHORIZER (Chairperson)

Please electronically sign and date the form in the appropriate boxes.

APPROVER (Dean or Dean's Designee)

Please electronically sign, date, and enter the amount that you are approving in the \$\$ *Approved* box.