

TEMPLE UNIVERSITY

Travel Authorization

NOTE: This form is not to be used by Temple University Health System Employees.

Traveler's Name: _____ Today's Date: _____

Department: _____

Department Address (including Building #, Room #, & Zip Code for mailing of E-ticket receipt):

Business Telephone (including prefix & Area Code): _____ Home Telephone _____

E-mail Address (Please Print): _____

Destination: _____ Travel Dates: _____

Purpose of Travel: _____

Reservations Needed: Air Train Bus

Car Rental (size, city, date, times): _____

Hotel (if yes, provide *Personal Credit Card* & smoking/non-smoking preference):

Air Arrangements: Departure City: _____ Date: _____ Time: _____

Return City: _____ Date: _____ Time: _____

Charge to:

Fund	Org	Account	Program	Amount (including service fee)
Fund	Org	Account	Program	Amount (including service fee)

Traveler's Signature: _____ Date: _____

Approval: _____ Date: _____
Print Name Signature

Authorized Budget Unit Approval

(Note to travel agency: Authorized signature must be different than Traveler's Name)

Check one: Employee Non- Employee Student

NOTE: When you are not using a credit card, this completed authorization form must be faxed to the agency with which you will be making your travel reservations.