

Please refer to the COVID-19 Impacted Services information regarding travel before submitting this form. www.fso.arizona.edu/covid19-info

TRAVEL AUTHORIZATION

STOP! You must save this document to your device **before** filling it out. If you complete the form in your web browser data will be lost. We recommend saving, then using Adobe Reader to complete this form.

Date:

TRAVELER NAME

TRAVELER INFORMATION UA NETID or EMPLID

DEPT/ORG CODE

EMPLOYEE STUDENT OTHER:

BLANKET TRAVEL for FY:

 TRAVEL DETAILS

 BUSINESS PURPOSE OF TRAVEL: (Brief description)
 PRIMARY DESTINATION: (City, State, Country)

 FUNDING SOURCE (Account):
 FUNDING SOURCE (Account):

 MODE OF TRANSPORTATION:
 DUTY POST:

 CITY, STATE DEPARTING FROM:
 DEPARTURE DATE:

 CITY, STATE RETURNING FROM:
 RETURN DATE:

 ** ATTACH ITINERARY IF MULTIPLE LOCATIONS **
 DESIGNATED LODGING: YES NO

EXCEPTIONS	INTERNATIONAL TRAVEL
 Long-term travel status (Travel exceeds 30 days, provide details) Personal time taken (Provide personal travel dates. Cost comparisons required.) Use of other than coach/economy travel on commercial airlines (Provide details) Miscellaneous (Provide details) Group travel (Attach list of attendees) 	If you are traveling internationally, you must register your trip through the UA International Travel Registry prior to departure: <u>travel.arizona.edu</u> TRIP WILL BE/IS REGISTERED IN THE UA INTERNATIONAL TRAVEL REGISTRY NOTES (Ex: Registry number, etc.):

TRAVEL AUTHORIZATION AND FUNDING APPROVAL

	I HEREBY CERTIFY THAT THE TRAVEL AUTHORIZED ABOVE IS FOR A VALID PUBLIC PURPOSE AND THAT THE FUNDS HAVE BEEN APPROPRIATED OR ARE OTHERWISE		
	AVAILABLE FOR PAYMENT OF ANY CLAIMS MADE HEREUNDER, AND THAT IF THE AVAILABLE FUNDS ARE FROM A FEDERAL GRANT, CONTRACT OR SOURCE, THIS		
	TRAVEL IS AUTHORIZED UNDER THE TERMS OF SUCH GRANT, CONTRACT OR SOURCE. THIS AUTHORIZED DEPARTMENTAL APPROVER/P.I. AND/OR COLLEGE/DIVISION		
	AGREES TO ALL EXCEPTIONS NOTED ON THIS TRAVEL ORDER.		
	AUTH DEPT	NAME	SIGNATURE
	APPROVER/P.I.		
ſ	FUND APPROVER	NAME	SIGNATURE
	(if different)		

TRAVEL ADVANCE REQUEST (Optional)				
EmplID	TRAVEL ADVANCE OF \$			
** Complete Disbursement Voucher in UAccess Financials to disburse funds to traveler ** Important Please Read Before Signing: The University of Arizona is authorized to deduct the amount of the travel advance from any future expense reimbursements or pay due the traveler. The advance must be settled in full within ten days from the return of the trip. In the event these sources are not adequate or in the event of severance of my employment with the University of Arizona, the advance shall become due and payable immediately. It shall bear interest at the rate of 9% annum starting thirty days after the return date of the trip. In the event that it should become necessary to enforce collection of this advance, or any part thereof by suit or otherwise, I agree to pay any and all costs of collection including a reasonable attorney's fee.				
TRAVELER/PAYEE SIGNATURE				
EFFECTIVE JANUARY 1, 2020, THIS FORM MUST BE ROUTED FOR ELECTRONIC SIGNATURES VIA ADOBE SIGN				
TO BEGIN ROUTI	ING: 1) Complete this form, click save, t2) Enter your UA email address or s	hen launch Adobe Sign by clicking here: Adobe Sign select "Enterprise ID" to login via UA WebAuth		

3) Follow the on-screen instructions