



TRAVEL AUTHORIZATION APPLICATION

FACULTY, ADMINISTRATORS AND STAFF TRAVEL PLANS MUST BE **AUTHORIZED** BY THE REQUIRED SIGNATURES BELOW PRIOR TO MAKING ANY TRAVEL ARRANGEMENTS.

**** INTERNATIONAL TRAVEL:** GO TO [HTTP://LASIERRA.EDU/RISK-MANAGEMENT/TRAVEL-INSURANCE](http://LASIERRA.EDU/RISK-MANAGEMENT/TRAVEL-INSURANCE) PRIOR TO COMPLETING THIS FORM.

TRAVEL ADVANCE: IF ADVANCE IS NEEDED, COMPLETE A **CHECK REQUEST** FORM AND ATTACH IT TO THIS APPLICATION.

APPLICANT	
NAME	
POSITION	
SCHOOL/DEPARTMENT/OFFICE	TELEPHONE #
EMAIL ADDRESS (Required)	

TRAVEL INFORMATION	
TRAVEL: (Check one) <input type="checkbox"/> DOMESTIC * <input type="checkbox"/> INTERNATIONAL **	PURPOSE OR DESCRIPTION
PURPOSE: (Check all that apply) <input type="checkbox"/> CONVENTION <input type="checkbox"/> CONFERENCE <input type="checkbox"/> WORKSHOP <input type="checkbox"/> PROJECT <input type="checkbox"/> TEACHING ASSIGNMENT <input type="checkbox"/> TRAVELING WITH STUDENTS *	LOCATION
REQUIRED FOR ALL INTERNATIONAL TRAVEL <input type="checkbox"/> TRAVEL WARNING (if level 3+) <input type="checkbox"/> INSURANCE RECEIPT <input type="checkbox"/> STUDY TOUR * <input type="checkbox"/> MISSION PROGRAM *	DEPARTURE DATE RETURN DATE
	METHODS OF TRANSPORTATION <input type="checkbox"/> AIR <input type="checkbox"/> CAR <input type="checkbox"/> TRAIN <input type="checkbox"/> OTHER (SPECIFY)
	FORMAL PARTICIPATION IN PROGRAM: YES <input type="checkbox"/> NO <input type="checkbox"/> <small>IF YES, LIST SUBJECT OF PAPER, DUTIES AS OFFICER, ETC.</small>
	TRAVELING WITH STUDENTS * YES <input type="checkbox"/> NO <input type="checkbox"/> <small>IF YES, PLEASE ATTACH LIST OF NAMES</small>

* IF NOT ACADEMIC, NEEDS STUDENT LIFE /OSI APPROVAL

**INTERNATIONAL TRAVEL MUST BE APPROVED BY EXECUTIVE COMMITTEE PRIOR TO MAKING ANY TRAVEL ARRANGEMENTS.

FINANCIAL INFORMATION					
ESTIMATED EXPENSES	SOURCES			AMOUNT	ENCUMBRANCE (Accounting Use Only)
TRANSPORTATION _____	FUND _____	ORG. _____	ACCOUNT _____	_____	_____
LODGING _____	FUND _____	ORG. _____	ACCOUNT _____	_____	_____
MEALS/PER DIEM/MISC. _____	FUND _____	ORG. _____	ACCOUNT _____	_____	_____
REGISTRATION FEE _____	FUND _____	ORG. _____	ACCOUNT _____	_____	_____
INSURANCE FEES (Attach Travel Hub Receipt) _____	FUND _____	ORG. _____	ACCOUNT _____	_____	_____
TOTAL * _____	* Total in Estimated Expenses and Amount columns must be the same.			_____	_____

Applicant: By signing herewith I certify that the information listed on this Travel Authorization Application reflects an honest and accurate estimate of the actual costs involved solely for my own personal travel expenses. I also understand and authorize that if I do not file an Expense Report within 30 days of the scheduled return date of this trip, that any advanced amount may be deducted from my next payroll check. I understand the risks associated with this travel to a country with a Travel Warning and concur that the (LEAD) traveler has taken all the necessary and reasonable steps possible to ensure the health and safety of this trip. For student travel, while it cannot be required for students to travel to a country with a Travel Warning, I agree that this travel is essential to accomplishing the academic and research goals of the student traveler(s). Please allow no fewer than 30 days for the review and approval process. If less than 30 days remain before departure, email completed forms immediately to the Provost Office. The University cannot guarantee pre-departure approval decisions for late requests. This may result in denied applications and and/or delayed departures. Any travel without necessary approval is unauthorized as University travel.

**** Attach:** ☐ Travel Warning
 ☐ Insurance Coverage Receipt

APPLICANT SIGNATURE _____		DATE _____	
REQUIRED SIGNATURES FOR ALL TRAVEL			
SUPERVISOR (CHAIR/DEAN/DIRECTOR) _____		DATE _____	
ADDITIONAL SIGNATURE (IF REQUIRED BY DEPT.) _____		DATE _____	

** INTERNATIONAL AUTHORIZATION	
EXCO/OSI ACTION: APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	
COMMITTEE CHAIR/OSI SIGNATURE _____	DATE _____

Send original to Accounting