PRESIDENT'S OFFICE FORM 17
(REVISED Feb 2003)

REQUEST FOR AUTHORITY TO TRAVEL ON UNIVERSITY BUSINESS

IF REVISED FORM 17 CHECK THIS BOX ☐

Approval of this form as it is submitted does not mean necessarily that the total estimated expenses may be claimed for reimbursement. Exact reimbursement of travel expenses must be made in accordance with Purdue policy and can finally be determined only after the travel voucher has been submitted for reimbursement and reviewed by the Business Office and/or Disbursements.

1. Name _____ 2. Staff ID Number _____
REQUESTS AUTHORITY TO TRAVEL ON UNIVERSITY BUSINESS

3. Department Name _____ Dept. No. _____

4. Leaving at _____ on _____ 5. Returning at _____ on _____

6. Traveling from _____ to _____ and return

7. Purpose of travel? If you have any specific duties at this meeting (Section Chairperson, Give Address or Paper, Etc.) give details here:

_____

_____

8. Will any Personal Travel be Combined with Business Travel? _____

9. Date and time **official business** begins: _____ ends: _____

10. Will accompany _____

11. Will be accompanied by _____

12. Other University staff attending _____

13. ESTIMATED EXPENSES

TRANSPORTATION:

BUSINESS AND PERSONAL TRAVEL COMBINED:

A statement from a travel agency, airline, or print-out of on-line quote produced PRIOR to the trip must be attached showing cost of transportation from home office to place of business and return.

A. University Vehicle*

0	miles at	$0.00	per mile	$0.00
0	days at	$0.00	per day	$0.00

B. Departmentally Owned Vehicle** ◉ Yes ○ No

C. Private Vehicle

0	miles at	$0.00	per mile	$0.00
0	miles at	$0.00	per mile	$0.00

D. Plane Fare ____ CHECK IF PREPAID $0.00

E. Rental Vehicle (Use #15 for Explanation) $0.00

F. Taxi, Shuttles, Other Local Conveyances $0.00

G. Registration Fees ____ CHECK IF PREPAID $0.00

H. Lodging Costs $0.00

I. Subsistence Allowance

0 DAYS @ FULL M & IE RATE _____ PER DAY $0.00

J. Other (specify)

_____ $0.00

_____

TOTAL ESTIMATED EXPENSES $0.00

* To be completed if University vehicle is used. Actual cost will be charged to account number indicated on Transportation Form 1.

** Operating expenses to be borne directly by department.

15. NOTES AND EXPLANATIONS

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

16. APPROVAL REQUESTED

_____ _____
SIGNATURE OF STAFF MEMBER DATE

Position _____

14. EXPENSES TO BE PAID FROM:

FUND	DEPT	PROJ	DREF	$ or %

RESERVE CODE (IF APPLICABLE) _____

If Funds 500-699 are used for this travel, SPS must review.

_____ _____
SIGNATURE OF SPONSORED PROGRAMS REVIEWER DATE

17. RECOMMENDATION/APPROVAL

_____ _____
HEAD OF DEPARTMENT DATE

_____ _____
DEAN OR VICE PRESIDENT DATE

_____ _____
EXECUTIVE VICE PRESIDENT, PROVOST OR PRESIDENT DATE

VALID ONLY WHEN DATED AND INITIALED BY AN AUTHORIZED UNIVERSITY OFFICIAL