REQUEST FOR AUTHORITY TO TRAVEL
ON UNIVERSITY BUSINESS

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 Central Travel Office.

1. Traveler Name ___________________________ 2. PUID ___________________________ 3. Email ___________________________

REQUESTS AUTHORITY TO TRAVEL ON UNIVERSITY BUSINESS

FOREIGN TRAVEL ONLY (See Line 12)

4. Department Name ___________________________

5. Leaving at ________ on ________ to ________ and return on ________

6. Returning at ________ on ________ to ________ and return on ________

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?    ☐ Yes ☐ No

9.  Will you be traveling to a country currently under U.S. Dept of State warning?    ☐ Yes ☐ No

10. Date and time official business begins: ________ ends: ________

11. Will travel be to a country outside the 50 United States?    ☐ Yes ☐ No

If Yes, Business Office must fax a copy of completed and approved form to the Risk Mgmt Dept. at 765-496-1338. Please include the length of your travel in section 14 box J regarding International Evac and Medical Insurance. Student and grad student cost is $32. Faculty and staff should indicate $0 for cost. Registering for the coverage is mandatory for all international travelers.

Click here to view a summary of this coverage and see how to secure an emergency identification card.

12. Will you be traveling to a country currently under U.S. Dept of State warning?    ☐ Yes ☐ No

If Yes, complete the waiver/informed consent form, attach waiver to Form 17, and forward to Dean of International Programs, Young Hall for approval signature on Line 21.

Faculty/Staff and Grad Students in work status must sign the

Employee Acknowledgement of Risk form.

All other students must sign Waiver, Release and Hold Harmless for Students form.

13. Other University Staff Attending ___________________________

14. ESTIMATED EXPENSES

BUSINESS AND PERSONAL TRAVEL COMBINED:

A statement from a travel agency or print-out of on-line quote produced PRIOR to the trip must be attached showing cost from official station to place of business and return for dates of business.

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 $0.000 per mile $0.00

D. Plane Fare $0.00

E. Rental Vehicle $0.00

NOTE: Insurance on domestic rental car is not reimbursable.

F. Taxi, Shuttles, Other Local Conveyances $0.00

G. Registration Fees $0.00

H. Lodging Costs $0.00

I. Subsistence Allowance $0.00

DAYS @ FULL M & IE RATE PER DAY $0.00

J. International Evac and Medical Insurance*** Number of Months (1 mo. = 1 day - 35 days) $0.00

K. 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.

***International Evac and medical insurance cost will be charged to account indicated below.

15. EXPENSES TO BE PAID FROM:

<table>
<thead>
<tr>
<th>FUND</th>
<th>COST CENTER</th>
<th>ORDER</th>
<th>$ or %</th>
</tr>
</thead>
</table>

16. NOTES AND EXPLANATIONS

ATTACH ADDITIONAL SHEETS IF NECESSARY:

IMPORTANT!!!! If travel is funded by federal funds, U.S. Air Carriers must be used. Justification according to the Federal Travel Regulations must be provided if a foreign air carrier is used. For details, visit: http://www.purdue.edu/travel/Transportation/Air_Travel/airfaretravel.html#usflag

17. DRIVER CERTIFICATION: The traveler must check if operating a vehicle as part of this travel, even if reimbursement for vehicle expense is not being requested.

By checking this box and signing this form, I am certifying that I am in compliance with all requirements established by the Risk Management 'Use of Vehicles for University Business' policy.

18. APPROVAL REQUESTED

SIGNATURE OF STAFF MEMBER ___________________________ DATE __________

Position ___________________________

19. RECOMMENDATION/APPROVAL - SOURCE OF FUNDS

BUSINESS OFFICE (Determined by Comptroller Authorization Level) DATE __________

20. RECOMMENDATION/APPROVAL - PROGRAMMATIC

VICE PRESIDENT, DEAN OR DESIGNEE DATE __________

21. RECOMMENDATION/APPROVAL - Country with US State Dept Warnings (See Line 12 above)

OFFICE OF THE DEAN OF INTERNATIONAL PROGRAMS DATE __________

VALID ONLY WHEN DATED AND SIGNED BY AN AUTHORIZED UNIVERSITY OFFICIAL

PREPARED BY ___________________________ PHONE ___________________________