

Spend Authorization

EMPLOYEE INFO

Employee name:

Job title:

Department:

Fund:

Unit:

Name of meeting or conference:

Why travel is needed:

TRAVEL DETAILS

Departure city & state:

Destination city & state:

Departure date:

Return date:

Mode of travel:

Reason for travel:

Travel type:

of previous trips this FY:

ESTIMATED COSTS

Air:

Lodging (cost per night):

Meals:

Lodging (# of nights):

Registration:

Total lodging:

Parking:

Cab/shuttle:

Luggage:

Other:

Total:

BREAKDOWN OF FUNDS

Provide a detail of the funding source(s) for this trip. Enter as percentages. If a percent is entered as "Other," provide a description in that box.

State:

Other:

Federal:

Total:

Description of other: