



# EASTERN OREGON UNIVERSITY TRAVEL AUTHORIZATION and ADVANCE FORM

**PLEASE NOTE:**

\* This form must be completed and approved at least one week prior to the beginning of the trip.

**SECTION 1: MANDATORY FOR ALL IN AND OUT OF STATE TRAVEL AND TRAVEL ADVANCES**

NAME: \_\_\_\_\_ PURPOSE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TRAVEL DATE(S): \_\_\_\_\_ Normal course of business  
\_\_\_\_\_ Training \_\_\_\_\_ Recruitment

TRAINING JUSTIFICATION REQUIRED BY DEAN, IF MORE THAN ONE PERSON ATTENDS SAME TRAINING SESSION -- RECRUITMENT IS FOR RECRUITING EMPLOYEES

DESTINATION: \_\_\_\_\_  
(CITY) (STATE) (COUNTRY if foreign travel)  
(OUT OF STATE AND FOREIGN TRAVEL REQUIRE APPROVAL BY DEAN PRIOR TO DEPARTURE)

TRANSPORTATION TYPE: \_\_\_\_\_ AIR \_\_\_\_\_ GROUND **AMOUNT APPROVED:** \_\_\_\_\_

\_\_\_\_\_  
(EMPLOYEE SIGNATURE) (DATE) **INDEX CODE:** \_\_\_\_\_

BANNER GENERATED NUMBER (REQUIRED): 910 \_\_\_\_\_  
Approval: I certify that this trip is necessary and that required funds are allotted for this expenditure.

\_\_\_\_\_  
(DEPT. HEAD APPROVAL) (DATE) (CABINET APPROVAL-WHEN REQUIRED) (DATE)

\_\_\_\_\_  
(DEAN APPROVAL) (DATE)

**SECTION 2: TRIP COST WORKSHEET**

ANTICIPATED TRIP COSTS	
Mileage _____ miles x \$0.50/mile:	\$ _____
Per Diem: (student mileage rate is .35/mile)	
Meals	\$ _____
Lodging	\$ _____
Other	\$ _____
Total	Total \$ _____

**SECTION 3: REQUEST FOR TRAVEL ADVANCE**

AMOUNT: \_\_\_\_\_ DATE FOR PICKUP AT CASHIER'S WINDOW: \_\_\_\_\_ -OR-  
DATE FUNDS NEED TO BE AVAILABLE THROUGH DIRECT DEPOSIT: \_\_\_\_\_  
(Checks are printed on Wednesdays, Direct Deposit is done four times per week)

INDEX: \_\_\_\_\_ ACCOUNT CODE: \_\_\_\_\_

SIGNATURE IS AN AUTHORIZATION FOR PAYROLL DEDUCTION FROM EMPLOYEE'S PAYROLL CHECK IF ADVANCE IS NOT SETTLED WITHIN 30 DAYS FROM THE CONCLUSION OF THE TRIP.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Business Office  
DATE: \_\_\_\_\_ Audit Approval: \_\_\_\_\_