



AUTHORIZATION FOR TRAVEL

DATE _____

NAME OF EMPLOYEE _____

TITLE _____ DEPARTMENT _____

DATES OF TRIP _____ DESTINATION _____

PURPOSE OF TRIP _____

METHOD OF TRANSPORTATION _____

(PLANE, AUTO, RAILROAD)

Reimbursement subject to State and CUNY regulations — Original receipts required

ESTIMATED COSTS:

Transportation	\$ _____	Actual expense reimbursed when authorized. Personal auto use reimbursed at the rate of .30 per mile, plus tolls. Tolls receipts required.
Lodging	\$ _____	See Travel Guidelines for maximum per diem rates - original hotel/motel receipts required.
Meals	\$ _____	See Travel Guidelines for maximum per diem rates - receipts not required if overnight stay.
Registration Fee	\$ _____	Actual expense reimbursed when authorized. Original receipts required.
Miscellaneous	\$ _____	Taxis, Airport Shuttle, Car Rental (with justification), Parking
TOTAL Estimated Costs:	\$ _____	

Employee: _____
Signature Date

Approval of Department Head: _____
Signature Date

Authorization of Dean of Division: _____
Signature Date

Percent of Reimbursement: [→] % _____

----- DO NOT WRITE BELOW THIS LINE—FOR BUSINESS OFFICE USE ONLY -----

CODES:

Dept. _____ Exp. _____ Amount _____

FUNDS:

Available Not Available

Initial _____ Date _____