



Working together to work wonders.™

Information needed for Travel Authorizations

Employee Name: _____

Employee ID Number: _____

Destination: _____

Date of Departure: _____

Date of Return: _____

Purpose of Travel: _____

Estimated cost of airfare: _____

Name of Airline: _____

Will the ticket be purchased on departmental CBA Account: Yes No

FRS Number to Charge (Not the name of the grant): _____

Hotel: _____

Please submit this form to Marcela L. Rubio or Tina C. Brasher:

- For domestic travel please submit two weeks prior to departure date
- For international travel please submit six weeks prior to departure date

All international travel must be approved by the Dean’s office prior to departure date.

Non-travel related expenses please indicate what the expenses are for.

Business Entertainment (i.e., breakfast, lunch and dinner expenses) Purpose of Expense

1. List the names of all of the participants
2. If someone is a non-UTMB employee, please indicate their title and affiliation.