University of Massachusetts Amherst

Pre-Travel Authorization

Must be completed prior to confirming travel arrangements and submitted with TRIP form in order to be reimbursed for travel expenses.

Prior written or electronic supervisory approval is required for university travel and must be submitted with travel reimbursement forms (TRIP forms).

TRAVELER: _____________________________________________
TITLE: _____________________________

(Last)                                  (First)

TRAVELER’S EMPLOYEE NUMBER: _____________________________

HOME ADDRESS: ________________________________________________________________________________

DESTINATION: _____________________________________________________________________________________

DATE OF DEPARTURE: _______________       DATE OF RETURN: ________________________________

PURPOSE OF TRIP: ________________________________________________________________________________

OTHER COMMENTS: (importance of trip/consequences if not funded, coverage of duties while absent, etc.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________

ESTIMATED COST: $_______________________       AUTHORIZED REIMBURSEMENT: $_________________

FUNDING SOURCES: _____________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

Traveler’s Signature                                             Immediate Supervisor’s Signature

___________________________________________

Date                                                                                                                           Date

 ________________________________________________

Type/Print Name

Title: __________________________ Date: __________________

VICE CHANCELLOR/PROVOST APPROVAL REQUIRED FOR NON-FACULTY TRAVEL:

________________________________________

Vice Chancellor/Provost or authorized designee

________________________________________

Date

Optional Detail

<table>
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<tr>
<th>Expense Type</th>
<th>Note</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Airfare</td>
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<td>Hotel/Lodging</td>
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<tr>
<td>Conference Fee</td>
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<tr>
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<tr>
<td>Total</td>
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1-Send original with TRIP form to the Controller’s Office

2-Retain Copy for your records