

SAMPLE

TRAVEL AUTHORIZATION

T236670

Date: 01/17/2019

	TRA	VELER INFORMAT	ION		
TRAVELER NAME UA NETID or EMPLID			ID	DEPT/ORG CODE	
Enter Traveler's N	Name Enter Employee ID or St		D or Student ID	0469	
Check Appropriate B			_		
■ EMPLOYEE ■ STUDENT ■ OTHER: ■ BLANKET TRAVEL for FY: Enter if applicable.					
TRAVEL DETAILS					
TRAVEL DETAILS BUSINESS PURPOSE OF TRAVEL: (Brief description) PRIMARY DESTINATION: (City, State, Country)					
				primary travel destination.	
State purpose	ind dates.	FUNDING SOURCE (Account): Enter KFS Account Number			
			DUTY POST:		
			DEPARTURE D		
			RETURN DATE	RN DATE:	
			DESIGNATED L	ODGING: YES NO Check Box	
EXCEPTIONS				INTERNATIONAL TRAVEL	
☐ Vehicle taken out of state: ☐ State-owned ☐ Rental ☐ Private			1 '	are traveling internationally, you must	
Long-term travel status (Travel exceeds 30 days, provide details)				r your trip through the UA International Registry prior to departure:	
Personal time taken (Provide personal travel dates. Cost comparisons required.) Use of other than coach/economy travel on commercial airlines (Provide details)				arizona.edu	
Miscellaneous (Provide details)					
Group travel (Attach list of attendees)				P WILL BE/IS REGISTERED IN THE UA	
DETAILS: (Provide details for all checked boxes above)				ERNATIONAL TRAVEL REGISTRY (Ex: Registry number, etc.):	
Any appeigl sirey materiage about the detailed here					
Arry special circumstances should be detailed here.				Enter registry number here if	
			trave	traveling internationally.	
				-	
	TRAVEL AUTHOR	IZATION AND FUN	IDING APPROVA	AL	
I HEREBY CERTIFY THAT THE TRAVEL AUTHORIZED ABOVE IS FOR A VALID PUBLIC PURPOSE AND THAT THE FUNDS HAVE BEEN APPROPRIATED OR ARE OTHERWISE					
AVAILABLE FOR PAYMENT OF ANY CLAIMS MADE HEREUNDER, AND THAT IF THE AVAILABLE FUNDS ARE FROM A FEDERAL GRANT, CONTRACT OR SOURCE, THIS TRAVEL IS AUTHORIZED UNDER THE TERMS OF SUCH GRANT, CONTRACT OR SOURCE. THIS AUTHORIZED DEPARTMENTAL APPROVER/P.I. AND/OR COLLEGE/DIVISION					
	TIONS NOTED ON THIS TRAVEL ORDER.	ier on sooner. This Aon	TIONIZED DEI ANTIVIEI	VIALAT HOVERY III. AND ON COLLEGE DIVISION	
AUTH DEPT	NAME	SIGNATUR	SIGNATURE		
APPROVER/P.I.	Cindy Barnett, Accountant				
FUND APPROVER	NAME	SIGNATURE			
(if different)					
NO - 100 - 100 - 1	TPAVEL A	NANCE PEOLIEST	(Ontional)		
TRAVEL ADVANCE REQUEST (Optional)					
TRAVELER TO RECEIVE TRAVEL ADVANCE OF \$ (If checked traveler must read and sign below)					
** Complete Disbursement Voucher in UAccess Financials to disburse funds to traveler **					
Important Please Read Before Signing: The University of Arizona is authorized to deduct the amount of the travel advance from any future expense reimbursements					
or pay due the traveler. The advance must be settled in full within ten days from the return of the trip. In the event these sources are not adequate or in the event of					
severance of my employment with the University of Arizona, the advance shall become due and payable immediately. It shall bear interest at the rate of 9% annum starting thirty days after the return date of the trip. In the event that it should become necessary to enforce collection of this advance, or any part thereof by suit or					
otherwise, I agree to pay any and all costs of collection including a reasonable attorney's fee.					
TRAVELER/PAYEE SIGNATURE Complete this section only if requesting a travel advancement					
complete this session only it requesting a travel davanteement					
NEW: THIS FORM MAY BE ROUTED USING ELECTRONIC SIGNATURES VIA ADOBE SIGN					

Follow instructions to submit travel.

- TO BEGIN ROUTING: 1) Download the new form to your device, fill/edit using Adobe Reader, then save
 - 2) Click here to launch the TA Workflow in Adobe Sign: Adobe Sign
 - 3) Enter your UA email address or select "Enterprise ID" to login via UA WebAuth
 - 4) Follow the on-screen instructions