

Follow

instructions to

submit travel.

SAMPLE

TRAVEL AUTHORIZATION

T236670

Date: 01/17/2019

TRAVELER INFORMATION				
TRAVELER NAME UA NETID OF EMPLID		DEPT/ORG CODE		
Enter Traveler's Name Enter Employee ID or Student ID 0469				
Check Appropriate Box: EMPLOYEE STUDENT OTHER: BLANKET TRAVEL for FY: Enter if applicable.				
EMPLOTEE STODENT OTHER:				
TRAVEL DETAILS				
BUSINESS PURPOSE OF TRAVEL: (Brief description) PRIMARY DESTINATION: (City, State, Country)				
			primary travel destination.	
FUNDI			DING SOURCE (Account): Enter KFS Account Number	
			POST: Tucson, Arizona	
		RTURE DATE:		
		RN DATE:		
** ATTACH ITINERARY IF MULTIPLE LOCATIONS ** DESIGNATIONS **		GNATED LODGING: YES NO Check Box		
EXCEPTIONS INTERNATIONAL TRAVEL				
Vehicle taken out of state: State-owned Rental Private			If you are traveling internationally, you must	
Long-term travel status (Travel exceeds 30 days, provide details)			register your trip through the UA International	
Personal time taken (Provide personal travel dates. Cost comparisons required.)			Travel Registry prior to departure:	
Use of other than coach/economy travel on commercial airlines (Provide details)			travel.arizona.edu	
Miscellaneous (Provide details)			TRIP WILL BE/IS REGISTERED IN THE UA	
Group travel (Attach list of attendees)			INTERNATIONAL TRAVEL REGISTRY	
			NOTES (Ex: Registry number, etc.):	
Any special circumstances should be detailed here.			Enter registry number if traveling	
			internationally.	
TRAVEL AUTHORIZATION AND FUNDING APPROVAL				
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 AGREES TO ALL EXCEPTIONS NOTED ON THIS TRAVEL ORDER.				
AUTH DEPT	NAME	SIGNATURE	SIGNATURE	
APPROVER/P.I.	Kathy Varin, Business Manger Sr.			
FUND APPROVER	NAME	SIGNATURE		
(if different)				
Section 1	TRAVEL ADVAN	ICE DECLIEST (Ontin		
TRAVEL ADVANCE REQUEST (Optional)				
TRAVELER TO RECEIVE TRAVEL ADVANCE OF \$ (If checked traveler must read and sign below)				
EmpliD Amount ** 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				
, , , , , , , , , , , , , , , , , , , ,				
NEW: THIS FORM MAY BE ROUTED USING FLECTRONIC SIGNATURES VIA ADORE SIGN				

TO BEGIN ROUTING: 1) Download the new form to your device, fill/edit using Adobe Reader, then save

4) Follow the on-screen instructions

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