

GEORGETOWN UNIVERSITY

Medical Center Finance Office

Travel Authorization Request Form For Employee Travel Charged to GUMC Cost Centers

TRAVELER INFORMATION:

Traveler's Name:

Department/Program:

Reason for Traveling:

Graduate Program Recruitment at Graduate /Professional School Fair Attend Conference Directly Related to my position [Member: Yes No] Attend Workshop to Enhance Job-Related Skills

Other **Location Event/Title:**

Dates of Travel: Departure Date:
Month Day Year

Return Date:
Month Day Year

Note: A copy of the official event announcement (such as email or flyer) MUST accompany this sheet.

Estimate of Expenditures: (see GUMC Dwdp gtu/Vtcxgn Policy for guidelines:)

Purpose	Estimated Cost	Purpose	Estimated Cost
Registration Fee	\$ <input type="text"/>	Cab Fare	\$ <input type="text"/>
Airline	\$ <input type="text"/>	Hotel/Lodging <i>(indicate total for all nights of lodging)</i>	\$ <input type="text"/>
Train	\$ <input type="text"/>	Meals	\$ <input type="text"/>
Rental Car	\$ <input type="text"/>	Other <i>(specify)</i>	\$ <input type="text"/>
Fuel <i>(for car)</i>	\$ <input type="text"/>	Estimated Total Expenses:	\$ <input type="text"/>
Mileage <i>(for personal car)</i>	\$ <input type="text"/>	Cost Center to be Charged:	<input type="text"/>

Required Signature:

Traveler: Name <i>(print)</i> _____ _____ <i>(Signature)</i> _____ <i>(Date)</i> _____	Supervisor Name <i>(print)</i> _____ _____ <i>(Signature)</i> _____ <i>(Date)</i> _____
Dept Finance (or Sector Finance, if applicable) Name <i>(print)</i> _____ _____ <i>(Signature)</i> _____ <i>(Date)</i> _____	Medical Center Finance Office (if applicable) Name <i>(print)</i> _____ _____ <i>(Signature)</i> _____ <i>(Date)</i> _____

This section to be completed by the GUMC Sector Finance Office

Action Taken on Request:

APPROVED DENIED (see attached comments) ADDITIONAL INFORMATION REQUEST (see attached comments)