## **NEW MILEAGE RATE 1/5/16** Travel Authorization (TA)

| HEW PITELAGE KATE  | 1/5/10   |   |  | • •                |              |                    |                     |
|--|--|---|--|--------------------|--------------|--------------------|---------------------|
|  |  |   |  |                    |              |                    |                     |
| Traveler name  |  |   | Bear Number  |                    | Employee yes |                    |                     |
| College/School/Program   |  |   |  |                    | -            |                    |                     |
| Travel Authorization completed by (Name and campus phone number)   |  |   |  |                    |              |                    |                     |
|  |  |   |  |                    |              |                    | Travel Information  |
| Destination  |  |   |  |                    |              |                    |                     |
| Departure date   |  | Return  | date   |                    |              |                    |                     |
| Is this trip essential for scholarly<br>development? Define the purpose<br>for travel, eg (athletic, recruiting,<br>or student travel)   |  |   |  |                    |              |                    |                     |
|  |  |   |  |                    |              | Estimated          | Expense Information |
| Rental Car Amount  |  |   |  |                    |              |                    |                     |
| Airfare Amount   |  | Include baggage fees  |  |                    |              |                    |                     |
| Registration Fee Amount  |  | Attach copy of reg. form or if attending a conference attach agenda   |  |                    |              |                    |                     |
| Lodging Amount   |  | Include all taxesyou may need to estimate   |  |                    |              |                    |                     |
| Mileage<br>(Greeley to DIA - 56 miles)   | Miles x .49  | Amount will not be loaded on the UNC Visa; amount will not be advanced with per diem. It will be reimbursed after the trip.                       |  |                    |              |                    |                     |
| Ground Transportation  | Miles X .49  | This includes taxi, shuttle, tolls, parking <b>Does not include mileage</b>   |  |                    |              |                    |                     |
| Per Diem requested Attach a list for additional student travelers. Each student traveler must sign for cash received and include with travel expense sheet.  | First day of tvl<br>Breakfast<br>Lunch<br>Dinner<br>Last Day of tvl<br>Incidentals<br>Total M/I  | This link also provides per diem for the first and last day of travel.  Per diem will be deposited into your account one week prior to your trip. |  |                    |              |                    |                     |
| Total Estimated Expenses   | For multiple funding sources, please check the appropriate Fund/Org.   |   |  |                    |              |                    |                     |
| Total Funding Amount   |  | F<br>O  | Per Diem   | F                  | Per Diem     | F                  | Per Diem            |
| ***AMOUNT LOADED ON UNC VISA CARD  |  | P<br>Activity   | \$   | O<br>P<br>Activity | \$           | O<br>P<br>Activity | \$                  |
| Unfunded travel (Traveler<br>Obligation)   |  |   |  |                    |              | 1                  |                     |
| Make sure that all applicable signatures are obtained by using the Signature Approval level guide  | Overnight OR out-of-state - Supervisor, FOAP, Dean/Director  International Travel - All of the above AND pre-approval from the Provost for academic areas or Sr. VP for Finance for non-academic |   |  |                    |              |                    |                     |
| (Effective 4/1/14 Traveler's Signature is required) By signing, I agree that if travel is unfunded, the University is not responsible to reimburse any expenses I have incurred. If I cancel my trip |  |   | Approver Signature Print name Date  SIGNATURE IS APPROVING: (PLEASE CHECK ONLY THOSE BOXES THAT APPLY)  FOAP SUPERVISOR OUT OF STATE/OVERNIGHT TRAVEL  Fund/Org: Amount: |                    |              |                    |                     |
| Approver Signature Print name SIGNATURE IS APPROVING: (PLEAS   FOAP SUPERVISOR OUT OF  | Approver Signature Print name Date  SIGNATURE IS APPROVING: (PLEASE CHECK ONLY THOSE BOXES THAT APPLY)  FOAP SUPERVISOR OUT OF STATE/OVERNIGHT TRAVEL  |   |  |                    |              |                    |                     |
| Fund/Org: Amo International travel requires Provo  | ount:<br>st Pre-annroyal signature   | Fund/Org:   | i<br>  | Amount             | •            |                    |                     |
| for academic areas or Sr. Vice P pre-approval signature for non-ac   | resident for Finance   | Internatio  | onal Travel Approva  | I Signature        |              | Date               |                     |