☐ Executive travel? Obtain Dean's signature.
☐ Foreign travel? Obtain Dean's signature.
☐ Washington DC travel? Attach OSFR form.

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
REQUEST FOR TRAVEL AUTHORIZATION

Submit completed RTA form with appropriate signatures and adequate supporting documentation to MS Travel Office, <u>MSB G1.50</u>

Traveler: _____   Vendor ID: _____

Title: _____   Department: _____

Detailed Purpose: _____

From (MM/DD/YY)	Thru (MM/DD/YY)	Destination City	Code	Purpose	Code	Max Amount Lodging	Max Amount Meals
						$_____/day	$_____/day
						$_____/day	$_____/day
						$_____/day	$_____/day

Will traveler receive any compensation in addition to reimbursement for travel expenses?   YES ☐   NO ☐

Is this a "blanket" travel request?   YES ☐   NO ☐

Will the travel be at no cost to the University?   YES ☐   NO ☐

External funding source, other than UTHHSC (*for no-cost travel*): _____

Name of responsible faculty/staff while absent: _____

NOTE: State-Contracted vendors must be used with all state and federal fund sources!

(*See* **http://ae.uth.tmc.edu/travel/index.html** *to identify State-Contracted vendors*)

Will travel expenses be paid from state or federal funds? YES ☐   NO ☐   If ***yes***, please answer the following three questions.

1. Is the traveler using a State contracted **Airline**? (Use <u>Corporate Travel Planners</u> only, no online travel services.)   YES ☐ NO ☐
2. Is the traveler using a State contracted **Hotel**?   YES ☐ NO ☐
3. Is the traveler using a State contracted **Rental Car Agency**?   YES ☐ NO ☐

ESTIMATED EXPENSES

	Distribution Line 01 Dept/Fund/Project/Program/Class	Distribution Line 02 Dept/Fund/Project/Program/Class	Distribution Line 03 Dept/Fund/Project/Program/Class
Chart Field String:			
Expenses to be Prepaid by UT-H			
• Airfare (BTA)	$	$	$
• Registration Fee (due: _____)	$	$	$
Vendor Code: _____			
Estimated Expenses to be Reimbursed to Traveler			
• Airfare + Corp Travel Planners fee	$	$	$
• Incidentals (room tax, taxi, internet, etc.)	$	$	$
• Meals/Lodging	$	$	$
• Mileage	$	$	$
• Rental Car	$	$	$
• Non-Travel Expenses	$	$	$
• Official Function	$	$	$
• Registration	$	$	$
Total expenses, per distribution line	$	$	$

TOTAL EXPENSES (*add columns 1, 2, & 3*) $ _____

Signature of Traveler: _____
I understand that even if proper approvals are obtained, I will be responsible for any non-reimbursable/personal expenses.

Administrative Contact: _____   Interoffice Address: _____   Extension: _____   Email: _____

_____   _____
Chairman or Administrative Supervisor   Chart field Verification

_____   _____
Dean's Office (for foreign, Executive, or DC travel)   President (for travel over 29 days)