



Blanket Travel Authorization

SECTION 1: TO ESTABLISH A BLANKET TRAVEL AUTHORITY

NAME: _____ DEPARTMENT: _____

PURPOSE: _____

BEGINNING DATE _____ ENDING DATE _____

Valid for one term only--Fall (Sept-Dec), Winter (Jan-Mar), Spring (Mar-June), Summer (June-Sept)

ITINERARY FOR SCHEDULED TRIPS

Date	From	To	Date	From	To

For information on insurance and liability issues, contact Department of Risk Management, 426-3610

(EMPLOYEE SIGNATURE) (DATE)

Approval: I certify that these trips are necessary and that required funds are allotted for these expenditures.

(DEPT. HEAD APPROVAL) (DATE) (DEAN APPROVAL) (DATE)

SECTION 2: TRIP COST WORKSHEET (optional)

ANTICIPATED TRIP COSTS

Department ID _____

Mileage _____ miles x \$0.455/mile: \$ _____

Meals \$ _____

Lodging \$ _____

Other \$ _____

Total \$ _____