

NON-FEDERAL TRAVEL AUTHORIZATION REQUEST

REVISED 7/2005

NAME: _____

SOCIAL SECURITY#: _____ - _____ - _____

MAILING ADDRESS: _____
STREET, PO BOX CITY, STATE, ZIP CODE

CONTACT PHONE #: (____) _____ - _____

RETURN FAX NUMBER: (____) _____ - _____

DEPARTURE DATE & TIME: _____

DEPARTURE CITY & STATE: _____
CITY STATE

DESTINATION/ LODGING LOCATION: _____
CITY STATE

RETURN DATE & TIME: _____

TITLE OF TRIP ATTENDING: _____

METHOD OF TRAVEL: (CIRCLE ONE) AIR CARRIER RENTAL VEHICLE STATE VEHICLE PRIVATE VEHICLE

STATE TRAVEL COORDINATOR _____

AUTHORIZED SIGNATURE & DATE _____ / ____ / ____
SIGNATURE DATE