

Niagara University

Travel Authorization Request

Dept. _____ Date _____

Authorization requested for (name/s) _____

Purpose: (presentation, convention, recruitment, etc.) _____

Name of Organization, association, etc. _____

Destination—(city) _____ (state) _____

Date of Trip—from _____ 20 _____ to _____ 20 _____

Desired mode of travel: Plane Train Other _____

Accommodation and local transportation required: Hotel Car Rental

Estimate of Expenses

Obtain travel, hotel and car rental cost estimates and reservations from

Cataract Travel Planners, Inc. Telephone 298-5490

Estimate only

Reservations have been made

A Acct & Sub- Acct. #	B Account #	C Account #	Totals
Air Fare _____	Registration & Fees _____	Hotel _____	A _____
Train Fare _____	_____	Meals _____	B _____
Car Rental _____	_____	_____	C _____
Mileage _____	_____	Other _____	_____
Other _____	Other _____	_____	_____
Total _____	Total _____	Total _____	Grand Total _____

Individual departments are responsible for issuing a check request for:

(1) Any Registration fee required

(2) Separate check request for a cash advance in an amount sufficient to cover the payment of the hotel as well as payment for meals, auto mileage, and other travel related costs.

The person to whom the travel advance check is issued will be required to account for the advance in accordance with University travel policies and procedures.

Niagara University Business Services will issue the necessary purchase orders for car rental, airline, bus, and train travel arranged by Cataract Travel. Business Service's authorization to charge your department's budget for actual charges incurred will be based on the estimates which appear on your *Approved Travel Authorization Request*.

Approved

Disapproved

Approved

Disapproved

Department Head signature/date

Functional Officer signature/date

Both signatures required for authorization.
Copy distribution: (1) (Business Services) / (1) (Accounts Payable) / (1) (Dept. Copy)

9/2001