



TUSKEGEE UNIVERSITY

Travel Request Authorization Form

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DATE WHEN FORM IS SUBMITTED BY REQUESTER

\* TRAVEL-LEAVE REQUEST FORM\*

Form with fields for Domestic, International, Grant/Contract, Basic, Personal, Other, ACCOUNT #, City of Origin, Destination, First, Initial, Last, College, Dept., Phone, Travel Date, Return Date, Professional, Vacation, Sick Leave\*, and \*Consult HR for sick leave or FMLA.

Function/Activity

Person covering service during absence:

Table with 3 columns: Emergency Contact Phone, Land, Mobile, Specify.

\*International Travel Requires Provost approval – through this form – no voice requests are accepted

Table with 3 columns: Names (Print), Date, Signatures. Rows include Requester, Department Head, Dean/Director, Director of TUGO, and Provost.

Remarks:

Please note that this form must be approved at least 48 hours before travel. Copy of the approved form plus supporting documentation must accompany request for travel reimbursement.