

DEB Request for Travel Authorization Worksheet

(Submit 7 days prior for in-state travel, 14 days for U.S. and 30 days for foreign trips)

SECTION I - To be completed by traveler (If requesting expenses be prepaid/reimbursed by CEB continue on to **Section II**, if travel is at no cost to CEB complete Section I only and sign below.)

Name: _____ Empl ID: _____

Disposition while absent : _____ (if no coverage is necessary state "In Abeyance")

Taking personal/vacation leave during trip: Yes or No If yes, list "from/to" dates: _____

Will you be receiving an honorarium: Yes or No If yes, contact CEB Administration to complete additional form.

Destination (city, state, country and airport location): _____

From Date: _____ To Date: _____

Travel to San Antonio Intl Airport (circle one) 1. taxi 2. drive car & pay parking 3. other, drop off

REQUIRED: Purpose & Benefit (state if presenting or attending at conference, name of conference and attach copy of brochure/meeting announcement, letter of invitation):

Accommodations/Comments (airline and hotel preference, approximate time of arrival and departure preferences, rental car, etc):

Traveler _____
Signature

Date

Supervisor _____
Signature

Date

SECTION II - To be completed by traveler if requesting expenses be covered by CEB

Requesting University Prepaid Airfare (UPT): Yes or No If no, tickets must be purchased using UT Corporate State Travel M/C

Requesting CEB prepay registration fee: Yes or No If yes, attach completed registration form
(NOTE: CEB will not pay penalties for late registrations) If no, traveler is responsible for submitting form and payment

Hotel and meals will be reimbursed at per diem rates according to the federal "Domestic Maximum Per Diem Rates".

SECTION III - To be completed by CEB Administration

Honorarium: Yes or No If yes, date form was approved: _____

RTA #: _____
Project ID: _____

Expenses Covered by CEB:

If yes, list approx cost: Airfare _____ Circle one: UPT or State Travel M/C
Other Trans _____ Taxi/Train/Other _____
Hotel/Meals _____ # of days _____ (circle one: actual or per diem)
Registration _____ Prepaid: Yes or No If yes, date of voucher _____
Other Expenses _____ Explain: _____

If no, who will be covering expenses : _____
(Note: CEB is not responsible for coordinating reimbursement for traveler from outside agencies)

Administration Approval _____

Approval for "actual" expenses _____

Request for actual expenses must be pre-approved by Director or Administrator.