



CAMPBELL
UNIVERSITY

Sponsored Research & Programs

Travel Authorization

The Sponsored Project Travel Authorization form is used to obtain authorization in advance of travel and not reimbursement

PROJECT	Sponsor:										
	PI/PD:						Email:				
	College/Department:						Phone:				
	Title:										
CONTACT	Employee/Traveler:				Contact Person:						
	Employee ID No.:				Phone #:						
	College or School:				Dept Name:						
	Title:				E-mail:						
CONVENTION, ASSOCIATION OR MEETING	Title of Meeting:										
	Destination:										
	Dates of Trip:		From		To:		Domestic		International		
	Purpose of Trip (describe purpose of travel as it relates to the sponsored award):										
Accompanied By:											
ESTIMATED COSTS	Total Estimated Costs				Please indicate with a "X" for Advance requests				Advance Issued		
	Transportation			80 Percent	yes		no				
	Lodging			Registration	yes		no				
	Registration Fee			Airfare	yes		no				
	Other										
	Meals & Incidentals (M&IE)										
	Total										
APPROVALS	GL Account Number		Amount	Approval	APPROVALS						
					PI/PD's Department Chair/Supervisor				Date		
					PI/PD's Dean				Date		
					Provost's Signature (International Travel Only)				Date		
	Principal Investigator (PI)/Program Director (PD)		Date	OSRP		Date					

Signature of Traveler Agreement

By signing, the traveler agrees to check all of the travel warnings and alerts for this area prior to the trip and assumes any risk while traveling to this area.

Warnings and alerts by states can be found at <http://travel.state.gov/content/passports/en/alertswarnings.html>

TRAVEL AUTHORIZATION INSTRUCTIONS

CONTACT

Enter identification information: Employee Name, Campbell University Employee Number (if applicable) and Employee Title

Enter the name and phone number of the person to contact about the trip if other than the traveler.

Enter the e-mail address of the person that should be notified when the authorization is approved.

CONVENTION, ASSOCIATION, OR MEETING

Enter the title of the convention, association or meeting.

Enter the city, state and country (if not USA).

Enter the beginning and ending dates of travel. These dates should align with the meeting dates and conference supported

Enter the purpose/benefits of the trip or meeting. Please be specific.

If other Campbell supported persons will be accompanying the traveler please list their individual names.

ESTIMATED COSTS

The Fly America Act is a federal regulation that states that any foreign air travel that is financed by federal funds must be booked on U.S. Flag Air Carriers or code-share carriers, regardless of cost or convenience. For details visit: <https://www.gsa.gov/policy-regulations/policy/travel-management-policy/fly-america-act>.

Receipts, invoices, ticket stubs, hotel bills, and other documents substantiating amount claimed must be attached to the claim forms and the claim forms will not be considered complete without such documents. A written justification signed by the Employee/Traveler and the Department head must be submitted for all travel reimbursement requests without prior approval.

Enter the estimated costs of the trip. Include estimates for air, mileage, taxis, rental cars, lodging, meals, gratuities, registration fees and any other applicable costs. Assistance to option reasonable per diem rates in the continental United States by searching with city, state or by zip code can be found at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

ADVANCE REQUESTS

Indicate with a "X" in the appropriate column for Advance requests. The 80 percent advance is calculated based on the total estimated costs less any advances made for registration etc. and can only be issued for out-of-state or International travel. A copy of the completed registration form must accompany the authorization if a registration advance is needed. A copy of a airline itinerary quotes must accompany a request for airfare advance.

Advances issued and must be resolved within 60 days of the end of the trip. Failure to comply may result in the sponsoring department being charged for outstanding balances due.

APPROVALS

The traveler's supervisor must approve the authorization.

The traveler must sign the authorization.

The original signed form must be sent to OSRP. Copies will not be accepted.