

University of Miami
 COLLEGE OF ARTS AND SCIENCES
 DEPARTMENT OF CHEMISTRY
PRE-TRAVEL AUTHORIZATION FORM
 to be Submitted Prior to Travel to the Department Chairperson

**Submit one copy to the Chairperson, Department of Chemistry,
 and one copy to Risk Management.**

Today's Date _____

Name of Traveler _____ Department of Chemistry Phone No. _____

Check one: Faculty Student University Guest Other (explain) _____

Account No** _____ Account Title _____

Destination _____ Dates of Trip _____ to _____

Purpose of Trip (be specific; include conference titles and reason for attendance, persons or organizations visited and why):

Estimated Expenses

Airline Tickets\$ _____

Other Transportation*\$ _____

Meals\$ _____

or Per Diem.....\$ _____

Lodging\$ _____

Other*\$ _____

TOTAL.....\$ _____

*explain _____

EXPENSE LIMITATION \$ _____

Pre-travel reimbursement: \$ _____

BERF# _____ Date _____

Travel Authorization

 Signature of Account P.I. Date

 Signature of Chairperson Date

 Signature of Dean/ or Dean Designee Date

 Signature of Sponsored Programs** Date

FOR INSURANCE PURPOSES ONLY
 Reimbursement will not be requested.

Upon completion of the above described trip, I agree to provide to the University of Miami with airline boarding passes and original receipts for all expenses reimbursed to me (with the exception of per diem expenses).

 Signature of Traveler Date

****Travel on sponsored/grant accounts must be approved by the Office of Sponsored Programs. Following Chairperson's authorization the form should be forwarded to Sponsored Programs, 206 Max Orovitz, L/C 1424.**