

University of Miami  
College of Arts and Sciences  
Department of Modern Languages and Literatures  
**PRE-TRAVEL AUTHORIZATION FORM**

To be submitted Prior to Travel  
To the Office of the Dean  
227 Ashe Bldg., LC: 4620  
Fax: 305-284-5637  
Submit one copy to the Office of the Dean  
And one copy to Risk Management  
Fax: 305-284-3405

Today's Date \_\_\_\_\_

Name of Traveler \_\_\_\_\_ Phone Number \_\_\_\_\_

Check one:  Faculty  Student  University Guest  Other (explain) \_\_\_\_\_

Destination \_\_\_\_\_ Dates of Trip \_\_\_\_\_ to \_\_\_\_\_

Name of Organization hosting conference: \_\_\_\_\_

Title of paper you are presenting \_\_\_\_\_

Purpose of Trip (provide specific reason for attendance, persons or organizations visited and why):  
\_\_\_\_\_  
\_\_\_\_\_

List any classes you will miss, and how they will be covered: \_\_\_\_\_  
\_\_\_\_\_

Are you traveling via Ghost card/UM Travel Advance?  yes  no

Name of Travel Agency \_\_\_\_\_

Estimated Expenses:

Airline Tickets..... \$ \_\_\_\_\_  
Other Transportation..... \$ \_\_\_\_\_  
(explain, i.e., train, rental car)  
Meals or Per Diem ..... \$ \_\_\_\_\_  
Lodging..... \$ \_\_\_\_\_  
Registration Fee..... \$ \_\_\_\_\_  
\* Other..... \$ \_\_\_\_\_  
TRIP TOTAL..... \$ \_\_\_\_\_

\*explanation \_\_\_\_\_

Travel Authorization:

\_\_\_\_\_  
Signature of Chairperson Date

\_\_\_\_\_  
Signature of Dean / or Dean Designee Date

\* Dean's signature is required on domestic travel for  
chairs & directors only.

FOR INSURANCE PURPOSES ONLY  
Reimbursement will not be requested

Upon completion of the above trip, I agree to provide the University of Miami original receipts for all expenses reimbursed to me (with the exception of meals if per diem is requested) within a month of return or 10 days of return if airfare was prepaid on Travel Advance form.

Signature of traveler \_\_\_\_\_ Date \_\_\_\_\_

Modern Languages and Literatures, 305-284-5585, Fax: 305-284-2068.