



**AUBURN UNIVERSITY
AT MONTGOMERY**

**REQUEST FOR AUTHORITY TO TRAVEL ON OFFICIAL UNIVERSITY
BUSINESS**

Authority is requested for an employee to travel domestically and/or incur expenses in performance of official duties for the purpose and conditions below:

Traveler _____ Title _____

Department _____ Est. Cost _____

Location and dates of travel _____

Nature and purpose of travel request (how does this trip benefit the mission of department?)

Traveler _____ Signature _____ Date _____

Supervisor _____ Signature _____ Date _____

Other Approval _____ Signature _____ Date _____

Funding Source: Fund-Org-Program (FOP)	Description/Name of Funding Source	AMOUNT	APPROVAL TO USE FOP (signature)
TOTAL		\$ 0.00	