## Travel Authorization forms must be sent to Nell Inselman in the CEHS Business Office BEFORE any expenses for the trip are incurred. All receipts should also be sent to Nell within 30 days after the final day on which expenses were incurred.

## UNIVERSITY OF NEBRASKA-LINCOLN PRE-TRIP REQUEST FOR TRAVEL AUTHORIZATION

DATE SUBMITTED		
	ESTIMATED EXPENSES  TRANSPORTATION(DESIRED METHOD AND AMOUNT):	
NAME		
PERSONNEL #	STATE VEHICLE	\$
DEPARTMENT	PERSONAL VEHICLE	
RETURN COPY OF APPROVED AUTHORIZATION TO:	AIRFARE	
	CAR RENTAL	
	LODGING	
	MEALS	
TELEDIANE	_	
TELEPHONE	REGISTRATION FEES	
PURPOSE OF TRAVEL	TAXI & FARES	
	OTHER EXPENSES	
	TOTAL ESTIMATED EXPENSES	\$ 0.00
ITINERARY: FROM CITY	DATE/TIME OF DEPARTURE	
TO CITY	DATE/TIME OF RETURN	
FOR TRAVEL BY COMMERCIAL CARRIER :	CHARGE TO COST OBJECT:	
Ticket will be billed directly to the university:		\$
Ticket will be paid personally and be reimbursed:		\$
		\$
directly to the UNL ghost credit card for university by 2. If you receive grant funding from a Public Health Se regulations require that you disclose some sponsore NUgrant. For additional information, visit http://rese	ervice agency (including the National Institutes of Health), or ed or reimbursed travel on your Interest and Outside Activit earch.unl.edu/orr/conflict.shtml enses equal to or greater than \$5. Each request must be fu expense incurred. This applies to all employees.	conflict of interest by Reporting Form on
	SIGNED	
	Re SIGNED	equested By
Retain this document in department files  Department Assigned Number		artment Chair
	SIGNEDDea	n or Director
	APPROVALS ARE MADE IN ACCORDANCE WITH TRAVEL REGULATIONS IN THE UNL BUSINESS POLICIES AND PROCEDURES MANUAL AS AMENDED, UNLESS SPECIFIC REQUESTS ARE NOTED AND APPROVED ON THIS APPLICATION.	

Updated: 7/1/13