## THE UNIVERSITY OF ALABAMA IN HUNTSVILLE AUTHORIZATION FOR OFFICIAL TRAVEL FOR PERSONNEL IN ACADEMIC AFFAIRS UNITS

Traveler's Name:	Date of Request:	
Destination:	Dates of Trip:	
Primary Mode of Travel:	Reason for Making Trip:	
Arrangements for Classes:		
Estimate of Cost:	Special Notes:	
Air Transportation		
Ground Transportation:		
Lodging		
Meals		
Registration		
Miscellaneous		
Total		
	sity-controlled funds are accepted for this travel, I am aware that the travel is a part of my official and/or professional resp	
gain approval of my supervisor f	or arrangements for official duties that will be missed."	onsibilities. Tacknowledge tract musi
gain approval of my supervisor f	or arrangements for official duties that will be missed."  Traveler	Date
gain approval of my supervisor for the supervisor of Expenditure	or arrangements for official duties that will be missed."  Traveler	Date
gain approval of my supervisor for a sup	Traveler  Max. \$ Amt . for Reimbursement: 1st Acct: .	Date Other Accts.
Approval of Expenditure and Guarantee of Funds: 1st Acct. Name/No.	Traveler  Max. \$ Amt . for Reimbursement: 1st Acct: .  Auth. Signature/Date	Date Other Accts.
gain approval of my supervisor for a sup	Traveler  Max. \$ Amt . for Reimbursement: 1st Acct: .	Date Other Accts.
Approval of my supervisor for the supervisor of Expenditure and Guarantee of Funds:  1st Acct. Name/No.  2nd Acct. Name/No.	Traveler  Max. \$ Amt . for Reimbursement: 1st Acct: .  Auth. Signature/Date  Auth. Signature/Date  Auth. Signature/Date	Date Other Accts.
Approval of my supervisor for Approval of Expenditure and Guarantee of Funds: 1st Acct. Name/No. 2nd Acct. Name/No. Other Acct(s). Charged	Traveler  Max. \$ Amt . for Reimbursement: 1st Acct: .  Auth. Signature/Date	Other Accts.  Date  Other Accts.
Approval of my supervisor for Approval of Expenditure and Guarantee of Funds: 1st Acct. Name/No. 2nd Acct. Name/No. Other Acct(s). Charged	Traveler  Max. \$ Amt . for Reimbursement: 1st Acct: .  Auth. Signature/Date  Auth. Signature/Date  Auth. Signature(s)/Date(s)  *Contracts & Grants Administrator asored Program signature required when travel is charged to	Other Accts.  Date  Other Accts.
gain approval of my supervisor for Approval of Expenditure and Guarantee of Funds: 1st Acct. Name/No. 2nd Acct. Name/No. Other Acct(s). Charged  *Office of Sport Approval of Travel and Alternate Arrangements for Classes and/o	Traveler  Max. \$ Amt . for Reimbursement: 1st Acct: .  Auth. Signature/Date  Auth. Signature/Date  Auth. Signature(s)/Date(s)  *Contracts & Grants Administrator asored Program signature required when travel is charged to	Other Accts.  Date  Other Accts.
Approval of my supervisor for Approval of Expenditure and Guarantee of Funds: 1st Acct. Name/No. 2nd Acct. Name/No. Other Acct(s). Charged  *Office of Spor	Traveler  Max. \$ Amt . for Reimbursement: 1st Acct: .  Auth. Signature/Date  Auth. Signature/Date  Auth. Signature(s)/Date(s)  *Contracts & Grants Administrator nsored Program signature required when travel is charged to sign other duties	Date  Other Accts.  Date  Date  Contracts and grants

This form must be submitted for all official travel. This proposed travel is unauthorized until signed by the Dean (for periods up to 7 calendar days) or the Provost (for periods greater than 7 calendar days) or other appropriate senior university official for out-of-state travel. This form should be prepared as an original only. Units in the approval loop for travel should keep a log of the process. A photocopy, signed by the budget unit head, should be retained at the unit level. The approved form should be returned to the budget unit head who then furnishes a copy to the traveler.

(Rev. 7/09) (MODIFIED 7/12)

## THE UNIVERSITY OF ALABAMA IN HUNTSVILLE ALTERNATIVE ARRANGEMENTS FOR OFFICIAL DUTIES FOR PERSONNEL IN ACADEMIC AFFAIRS UNITS

This form should be used by GTAs, part-time and full-time faculty, and professional staff to detail arrangements made for official duties missed by travel or other activities. The form should be submitted to the appropriate Department Chair. It should clearly explain arrangements that have been made to take care of classes, committee meetings, or other official duties that will be missed as a result of absence during the appointment term (e.g., academic year). If the absence is for official travel, an Authorization for Official Travel form should also be submitted with this request. Once approved, this form remains in the department/unit office with a copy returned to the individual.

Dates of Absence \_\_\_\_\_

<u>Activity</u>	Date and Time	<u>Arrangements</u>
sses		
<u>ier</u>		

For purposes of travel to UA System Board Meetings the signature of the Department Chair on this form is for purposes of approving appropriate coverage of classes in the event that the individual's absence causes classes to be missed. Final authorization for such travel rests with the Provost/EVP Academic Affairs.