**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**

**Traveler’s statement: “If university-controlled funds are accepted for this travel, I am aware of and fully responsible for following university travel policy. I certify that the travel is a part of my official and/or professional responsibilities. I acknowledge that I must gain approval of my supervisor for arrangements for official duties that will be missed.”**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Traveler Date**

**Approval of Expenditure**

**and Guarantee of Funds: Max. $ Amt . for Reimbursement: 1st Acct.****Other Accts.**

**1st Acct. Name/No.** **Auth. Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Acct. Name/No.** **Auth. Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Acct(s). Charged** **Auth. Signature(s)/Date(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*Contracts & Grants Administrator Date**

**\*Signature required when travel is charged to contracts and grants**

**Approval of Travel and Alternate**

**Arrangements for Classes and/or other duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Department Chair or Unit Supervisor Date**

**Travel Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean or Director Date**

**Travel Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Vice President Date**

**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)

**THE UNIVERSITY OF ALABAMA IN HUNTSVILLE**

**ALTERNATIVE ARRANGEMENTS FOR OFFICIAL DUTIES**

**FOR PERSONNEL IN ACADEMIC AFFAIRS UNITS**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Date:** |  |

**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** |  |
| **Reason for Absence** |  |

**Complete the following table for all official duties that will be missed as a result of the above absence**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Date and Time** | **Arrangements** |
|  |  |  |
| **Classes** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Approval:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Department Chair**

**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.**