

Request for Travel Authorization



UNIVERSITY OF
TEXAS
ARLINGTON

SCHOOL of SOCIAL WORK

Please complete and submit this form to the School of Social Work Administration Office, Suite 416, at least two (2) weeks prior to projected travel date.

Name: _____ Date of Request: _____

Employee ID#: _____ Travel Date(s): From: _____ To: _____
(1000 #)

Destination (City, State, Country) _____

Purpose of Travel (*if presenting a paper, please include title - required for grad school funds*)

Notification of Acceptance of Abstract/Presentation attached. (*Required if this is the stated purpose*)

Administrative Travel

Faculty Professional Travel

Grant-Related Travel

Grant Name & Number: _____

Travel will be reimbursed by _____ Personal Travel
(Name of Agency-other than UTA)

Benefit to UTA:

Enhance reputation of the School of Social Work

Help fulfill contract provisions

Enhance enrollment

SSW Development (raise funds)

Enhance curriculum.

Enhance job performance

Help accomplish research objectives

Enhance univ. operations

Admissions/Recruitment

Will registration Fees be required at destination (please check all that apply)?

Yes amount of fee: \$ _____

No registration fees for this trip

Registration will be pre-paid by the School of Social Work

Registration will be pre-paid by traveler for reimbursement:

- Mode of transportation to destination:

Car Commercial Air Rental Car

- Method of payment for airline accommodations:

UTA Central Business Account (CBA)

- Mode of transportation between headquarters and airport:

Personal Vehicle Shuttle Taxi

- Airport Parking:

- Servicing Airport:

- Mode of transportation while at destination:

Car Shuttle/Taxi Rental Car

Course-related, advising and/or administrative duties will be assumed by: _____

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Hotel cost per night: \$ _____ Hotel Telephone No. _____

Is vacation or other leave to be taken in connection with trip?

If yes, please indicate dates: From: _____ To: _____

Expenses requested from university administered sources?

Please indicate your preference for reimbursement:

Total Amount of SSW Faculty Travel Funds Requested: \$ _____

Matching Funds Available:

Faculty Research Travel Funds Requested: \$ _____ Not available 22-23

\$500 Int'l \$250 Domestic

Amount & Cost Center/Project ID for additional funds requested:

_____ Amt: \$ _____

Signature of Traveler

Date

PLEASE DO NOT WRITE IN THE AREA BELOW- FOR SSW ADMINISTRATIVE USE ONLY

FUNDING SOURCE

Cost Center/Project ID: _____

SSW
Grant
Other

Signature of Budgetary Staff

Date

Budget Office Notes:

Signature of Dean/Associate or Assistant Dean

Date

Notes:

Cost Center/Project ID: _____

Entered on UT Share by

Date

Travel Auth#: _____

UT Flow ID#: _____