

# 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: \_\_\_\_\_

# Request for Travel Authorization

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:**

Not available 23-24

Faculty Research Travel Funds Requested: \$ \_\_\_\_\_

\$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#:** \_\_\_\_\_