



### Travel Request Authorization Form

TRAVEL INFORMATION				
TRAVELER(S) INFORMATION	Name of Traveler(s)		Employee ID #:	Department(s):
TRIP INFORMATION	Destination(s):			
	Departure Date(s):		Return Date(s):	
	Purpose of Travel: (please attach supporting documentation)			
FUNDING INFORMATION	Total Estimated Cost:		Charge to: (i.e. org, fund, research, SPF, external funding)	

PCARD TRANSACTION LIMIT WAIVER	
Waive the PCard transaction limit for the duration of the trip for all listed travelers who have a PCard for selected travelers who have a PCard: _____, _____	
<b>Reason:</b> If the duration of the trip is longer than two weeks, please provide an explanation.	

Normal transaction limit waiver is 2 weeks, unless extension has been requested. To check if transaction limit has been approved, please login to: <https://www.access.usbank.com>. All requests should be processed within 10 working days of receipt. If more space is required, attach an additional list.

SIGNING APPROVAL			
Approved	Denied		
Signature:		Signature:	
Name:		Name:	
Title:		Title:	
Date:		Date:	
<p>**All international travel plans require pre-approval from the Provost and Vice -President of Academic or Vice-President of Finance and Administration, plus the traveler's one-over-one approver. All domestic travel plans require pre-approval from the traveler's one-over-one approver (i.e. Director, Executive Director, Associate Dean, Dean, Vice-President or President.)</p>			

**A copy of this completed and signed form must be sent to Accounts Payable along with any travel reimbursement request related to this trip and/or to FAST PCard along with the PCard statement on which are charges related to this trip.**