



## 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	
<input type="checkbox"/> Waive the PCard single transaction limit for the duration of the trip <input type="checkbox"/> for all listed travelers who have a PCard <input type="checkbox"/> for selected travelers who have a PCard: _____	
Reason: <u>If the duration of the trip</u> 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	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Signature:	Signature:
Name:	Name:
Title:	Title:
Date:	Date:
<p>*All international travel plans require pre-approval from the Provost and Vice-President Academic, the President &amp; Vice Chancellor, or the Chief Financial Officer 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> <p>**Any travel both domestic and international which have an active travel advisory will require pre-approval from the corresponding Vice President, Chief Financial Officer, or the 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.**