

TRAVEL AUTHORIZATION FORM
(To be submitted and approved PRIOR to travel)

DATE: (mm/dd/yy)

TRAVELER: OSU ID#:

DESTINATION: INDEX #

DEPART DATE: (mm/dd/yy) RETURN DATE: (mm/dd/yy)

EVENT AND/OR PURPOSE OF TRIP: *Be specific – do NOT use acronyms, i.e. ACCP, ACPE. Spell out every word. How does this travel meet the college/university’s business purpose? Justify your reason for traveling.*

TRAVELER SIGNATURE _____ DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____
[Statement by Dean, Director, Department Chair, PI: By signing this form, I certify that this trip is necessary and that required funds are available for this expenditure.]

FOR FOREIGN TRAVEL USING GRANT FUNDS:

All foreign travel on GRANT funds must be approved by the Office of Post Award Administration (OPAA).

A GRANT TRAVEL AUTHORIZATION FORM MUST BE FILLED OUT, SENT TO AND APPROVED BY OPAA
PRIOR TO TRAVEL
