

TRAVEL AUTHORIZATION

STOP! You must save this document to your device **before** filling it out. If you complete the form in your web browser data will be lost. We recommend saving, then using Adobe Reader to complete this form.

Date:

TRAVELER INFORMATION			
TRAVELER NAME	UA NI	ETID or EMPLID	DEPT/ORG CODE
EMPLOYEE S	STUDENT OTHER:	☐ BLAN	NKET TRAVEL for FY:
TRAVEL DETAILS			
BUSINESS PURPOSE OF TRAVEL: (Brief description) PRIMA		ARY DESTINATION: (City, State, Country)	
		ING SOURCE (Account):	
			POST:
CITY, STATE DEPAR	CITY, STATE DEPARTING FROM: DEPA		RTURE DATE:
	·		RN DATE:
** ATTACH ITINERARY IF MULTIPLE LOCATIONS ** DESIGNATED LODGING: YES NO			
Vehicle taken out of state:		If you are traveling internationally, you must register your trip through the UA International Travel Registry prior to departure: travel.arizona.edu TRIP WILL BE/IS REGISTERED IN THE UA INTERNATIONAL TRAVEL REGISTRY NOTES (Ex: Registry number, etc.):	
TRAVEL AUTHORIZATION AND FUNDING APPROVAL			
I HEREBY CERTIFY THAT THE TRAVEL AUTHORIZED ABOVE IS FOR A VALID PUBLIC PURPOSE AND THAT THE FUNDS HAVE BEEN APPROPRIATED OR ARE OTHERWISE AVAILABLE FOR PAYMENT OF ANY CLAIMS MADE HEREUNDER, AND THAT IF THE AVAILABLE FUNDS ARE FROM A FEDERAL GRANT, CONTRACT OR SOURCE, THIS TRAVEL IS AUTHORIZED UNDER THE TERMS OF SUCH GRANT, CONTRACT OR SOURCE. THIS AUTHORIZED DEPARTMENTAL APPROVER/P.I. AND/OR COLLEGE/DIVISION AGREES TO ALL EXCEPTIONS NOTED ON THIS TRAVEL ORDER. AUTH DEPT NAME SIGNATURE			
APPROVER/P.I.	INCINIE	SIGIVATORE	
	NAME	SIGNATURE	
(if different)	NAME.	SIGITATIONE	
TRAVEL ADVANCE REQUEST (Optional)			
TRAVELER TO RECEIVE TRAVEL ADVANCE OF \$ (If checked traveler must read and sign below)			
EmpliD Amount ** Complete Disbursement Voucher in UAccess Financials to disburse funds to traveler **			
Important Please Read Before Signing: The University of Arizona is authorized to deduct the amount of the travel advance from any future expense reimbursements or pay due the traveler. The advance must be settled in full within ten days from the return of the trip. In the event these sources are not adequate or in the event of severance of my employment with the University of Arizona, the advance shall become due and payable immediately. It shall bear interest at the rate of 9% annum starting thirty days after the return date of the trip. In the event that it should become necessary to enforce collection of this advance, or any part thereof by suit or otherwise, I agree to pay any and all costs of collection including a reasonable attorney's fee.			
TRAVELER/PAYEE SIGNATURE			

EFFECTIVE JANUARY 1, 2020, THIS FORM MUST BE ROUTED FOR ELECTRONIC SIGNATURES VIA ADOBE SIGN

TO BEGIN ROUTING: 1) Complete this form, click save, then launch Adobe Sign by clicking here: Adobe Sign



- 2) Enter your UA email address or select "Enterprise ID" to login via UA WebAuth
- 3) Follow the on-screen instructions