## University of Northern Iowa Travel Authorization

| Name:  |        |                                       |                                |  |
|--|--------|---------------------------------------|--------------------------------|--|
| Department:  |        |                                       |                                |  |
| Date(s) of Trip:   |        |                                       |                                |  |
| Purpose of Trip:   |        |                                       |                                |  |
| Departure Time:  |        | Return Time:                          |                                |  |
| Destination:   |        |                                       |                                |  |
| Accompanying Persons:  |        |                                       |                                |  |
| Person(s) in Charge During Absence:                                    |        | MANNA MATURA                          |                                |  |
| Expenses Requested:  |        | Mode of Transpor                      | Mode of Transportation:        |  |
| None Transportation Hotel Meals Registration Fees  Applicant Signature | Date   | Other (as  Department Head/Supervisor | nt Account listed below)  Date |  |
| Funding (other than departmental):                                     |        | Dean/Administrative Official          | Date                           |  |
| Account Name   | Number | Amount                                | Signature                      |  |
|  |        |                                       |                                |  |

AFTER APPROVAL RETURN TO DEPARTMENTAL OFFICE

Form A - Side 1

Version 7.0 January 8, 2007