

# NO FUNDS REQUESTED TRAVEL AUTHORIZATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

\_\_\_\_\_

Destination: \_\_\_\_\_

Depart Date

Time

Return Date

Time

Will you be teaching a class during this time and if so how will the class be covered?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please leave the name & number of someone we can contact.

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_