



# University of Massachusetts Amherst

## Pre-Travel Authorization

All University travel across all funding sources requires supervisory and funding administrator approval prior to confirming travel arrangements. This form or similar authorization must be completed prior to confirming travel arrangements when the travel is overnight or out of state and is required with the Expense Report submission. Printed email approval containing the same information may be substituted for this form. Department heads and supervisors can issue blanket or multi-trip authorizations to staff for operational expediency.

**TRAVELER:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(Last) (First)

**TRAVELER'S EMPLOYEE NUMBER:** \_\_\_\_\_ **DEPT:** \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_

**DATE OF DEPARTURE:** \_\_\_\_\_ **DATE OF RETURN:** \_\_\_\_\_

**PURPOSE OF TRIP:** \_\_\_\_\_

**OTHER COMMENTS:** (Importance of trip/consequences if not funded, coverage of duties while absent, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED COST: \$** \_\_\_\_\_ **AUTHORIZED REIMBURSEMENT: \$** \_\_\_\_\_

**FUNDING SOURCES/SPEED TYPE** \_\_\_\_\_

\_\_\_\_\_  
*Traveler's Signature*

\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Immediate Supervisor's or Authorized Designee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Type / Print Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**FUNDING APPROVAL** (if different from supervisor and required by the area):

\_\_\_\_\_  
**Fund Administrator's Approval**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Type / Print Name**