



Grant Travel Authorization Form

Traveler							
Title							
Department							
Purpose of Travel							
Date							
Date	Time		City/State		City/State		
		From		To			
		From		To			
		From		To			
		From		To			
Expenses		Details				Amount	
Transportation		Air	Taxi	Rental Car	Other		
Own car		Mileage	.445/ Mile				
Lodging							
Meals		(Not to exceed \$35 In State/ \$50/day Out of State)					
Conference fees		Purpose					
Other		Purpose					
Subtotal							
Amount of cash advance requested (if applicable)						()	
Amount accepted in lieu of actual expenses(if applicable)							
Description of How Travel Meets Grant Objective:							
Accounting Distribution							
FUND		ORGN		ACCT		AMT	
FUND		ORGN		ACCT		AMT	
FUND		ORGN		ACCT		AMT	
Approval							
Traveler's Signature					Date		
Departmental Approval Signature					Date		
Office of Grants and Contracts					Date		