

Request for Travel Authorization (RTA)

TRAVELER NAME _____

UT EID _____ AREA _____

TRAVELER TYPE (check one)

FACULTY STAFF STUDENT PROSPECTIVE FACULTY/STUDENT *

DESTINATION:** _____ TRAVEL DATES: _____ TO _____
(City & State)

_____ TO _____
(City & State)

PURPOSE OF TRAVEL:

BENEFIT TO UT:

DISPOSITION OF DUTIES WHILE ON TRAVEL: (check one)

NO CLASSES MISSED

DUTIES ASSUMED BY: _____
NAME OF PROFESSOR(S)

CHECK HERE IF NO COST TO UT: (SKIP ACCOUNT INFO & COST ESTIMATE)

ACCOUNT NAME:** _____ ACCOUNT NUMBER: _____

COST ESTIMATE:

MEALS _____
LODGING _____
TRANSPORTATION _____
OTHER (SPECIFY)

CHECK ITEMS TO BE BILLED DIRECTLY TO T&D

Hotel
 Rental Car
 Carlson Wagonlit/CTP

TOTAL \$ _____

REIMBURSEMENT METHOD (check one)

DIRECT DEPOSIT CAMPUS MAIL HOME MAIL

TRAVELER _____
Signature Date

AREA HEAD _____
Signature Date

DEPARTMENT _____
Signature Date

* PAYEE INFORMATION FORM (PIF) REQUIRED FOR PROSPECTIVES
**ATTACH LIST IF MORE THAN TWO DESTINATIONS/ACCOUNTS