

**UNIVERSITY OF NEBRASKA AT OMAHA
REQUEST FOR TRAVEL AUTHORIZATION & PURCHASE OF TRAVEL**

Trip Number _____

Name _____ Personnel # _____
Title _____ Phone # _____
Destination _____
Departure Date & Time _____
Return Date & Time _____
Reason* _____

*Please attach supporting documentation (i.e. program announcement, letter of invitation).

Estimated Expense

Airfare _____
Registration _____
Lodging _____
Meals _____
Taxi _____
Parking _____
Telephone _____
Rental Car _____
Other _____

<input type="checkbox"/>
<input type="checkbox"/>

Direct Bill UNO
Direct Bill UNO

<input type="checkbox"/>
<input type="checkbox"/>

Paid by Individual
Paid by Individual

Cost Center/WBS Element Amount/ %

Total _____

Approval Signature _____
Approval Signature _____
Approval Signature _____

RETAIN THIS FORM IN YOUR DEPARTMENTAL RECORDS