



Day Travel without Overnight Stay

Special Authorization

Complete one form per date of travel.

Traveler's Name _____

Purchase Order Number: _____

The benefit to the university for the travel away from my official station was:

I am requesting reimbursement for meals associated with this travel as I was on university business from _____ (leave time) until _____ (return time) on _____ (travel date).

Signature of Employee

Date

Signature of Dean or Chair or Supervisor

Date

Signature of Vice President (if applicable)

Date

Signature of Travel Administrator

Date