

CPVA Travel Authorization Form

This form must be completed, approved by the School Director, and submitted to the Dean's Office no less than fourteen days **before** travel is to begin. Any travel paid from a CPVA account must be approved by the Dean's Office. When requesting reimbursement include a copy of this approved form with your TATE, if you are not requesting CPVA funding put none in the total requested line.

Name _____ Destination _____
Bear Number _____ Dates/Time of Trip _____
School _____

Justification for Travel:

Estimated Cost:	To be reimbursed	Pre-paid (US Bank Card/P-Card)
Meals:	_____	_____
Taxi:	_____	_____
Registration:	_____	_____
Lodging:	_____	_____
Transportation	_____	_____
Other:	_____	_____
Total Requested:	_____	

Mode of Transportation: Rental Car Airline Personal Vehicle Other

Classes/lessons to be missed	How will they be covered?
_____	_____
_____	_____
_____	_____

Other faculty responsibilities, such as advising, meetings, etc. to be missed

Traveler Signature and Date: _____

Director's Approval Signature and Date: _____

Dean's Approval Signature and Date: _____

Approved Amount: _____