University of Northern Colorado

TRAVEL AUTHORIZATION / TRAVEL EXPENSE SHEET

Traveler	Title	Program	Prepared By / Phone Number	Date Submitted
Traveler, Mock	Mock CPVA Faculty Member	School of Theatre Arts & Dance	Mock Traveler/ 351-1234	14-Feb-06

Bear Number (Required)	Departure Date/Time	Return Date/Time	Destination
800-333-333	February 3, 2006/8 am	February 7, 2006/5 pm	New York, NY National Prestigous Conference

Address (address to send reimbursement check)
Mock Traveler
Frasier Hall converted closet, Campus Box 49
*Home address could be listed instead of campus address if preferred.

Total Due Traveler	* Index	FOAPAL Number(s) to be charged Fund	Orgn	Acct	Prog	Optional Actv	Amount
1,000.00		DEAN'S Office	will enter the	ACCT info.			500
		SCHOOL Office	will enter the	ACCT info.			500

Mileage (A)

Date	From	To	Miles	Rate	Total
				0.28	0.00
				0.28	0.00
				0.28	0.00
				0.28	0.00
				0.28	0.00
				0.28	0.00
				0.28	0.00
				0.28	0.00
			TOTAL (A)		0.00

Meals (B)

Date	Bkst.	Lunch	Dinner	Total
2/4/2006	6.00	6.00	13.00	25.00
2/5/2006	6.00	6.00	13.00	25.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
			TOTAL (B)	50.00

Lodging (C)

Date	Rate
2/3/2006	195.00
2/4/2006	195.00
2/5/2006	191.00
TOTAL (C)	581.00

Other Expenses (D)

Date	Item	Amount
2/3-2/7/06	DIA Parking	40.00
2/4/2006	NYC Transit	4.00
2/3/2006	Airfare	325.00
	TOTAL (D)	369.00

University Paid Expenses (E)

Lodging	
Registration	
Other (List)	
***DO NOT ENTER ITEMS HERE	
	0.00

TOTALS

Total Mileage	(A)	0.00
Total Meals	(B)	50.00
Total Lodging	(C)	581.00
Total Other	(D)	369.00
Grand Total	*Totals automatic if form is	1,000.00
Less Univ. Advance (If Any)	completed on computer.	
Less Traveler Obligation		
Amount Due Traveler (University Obligation)		**1,000.00**
Amount Due University		0.00

I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement is claimed was performed by me on State business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by the Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis.

SUPPLEMENTARY INFORMATION (Purpose and Justification for Travel)
Presenter at NY National Prestigious Conference. See attached conference brochure. **PLEASE list the purpose for your trip and attach supporting materials when available.**
* If an index number is used, FOAPAL #'s are not filled in.

PLEASE SIGN
TRAVELER'S SIGNATURE DATE

Submit to School Director other Supervisor
SUPERVISOR'S SIGNATURE DATE

ACCT Auhtority Signatures go here
AUTHORIZED SIGNATURE DATE

Once Dean's Admin. Aide reviews form & other signatures obtained Dean signs
DEAN'S SIGNATURE DATE

VP SIGNATURE DATE

GRANTS/CONTRACTS SIGNATURE DATE
(IF APPLICABLE)

The CPVA Dean's Office will submit the reviewed and signed form to Accounts Payable for processing.
If SPARC funds are also applicable the Dean's Office will submit the form to SPARC for their signatures and routing to Accounts Payable.
Handwritten forms also accepted. **It's really helpful if receipts are organized in order they appear on the form.