

Travel Authorization Request Form

Must be filled out before travel begins

Name: _____ ASU ID#: _____ Concur Request ID: _____

Trip Dates: _____ Destination: _____

Does this trip contain personal travel (Y or N)? ^N _____ Dates of personal travel: _____

Conference/Event Host: _____

Cost Center/Driver Acct: _____ PI Name: _____

PI Authorization Signature (REQUIRED): _____

FACULTY ONLY – Who is covering class when on travel? _____

COST TRIP ESTIMATE

AIRFARE: \$ _____ (Provide itinerary if already purchased out of the Concur System)

LODGING* \$ _____ (Provide reservation if already purchased out of the Concur System)

HOTEL NAME: _____

*The lodging must be the allowable rate, if not, provide justification/documentation showing that this is the recommended lodging: _____

MEALS: \$ _____ (Concur daily allowance used unless otherwise indicated)

RENTAL CAR: ** \$ _____ (Completion of Authorized Driver Program is required **BEFORE** travel.

<https://cfo.asu.edu/what-are-steps-authorized-driver-program>.

**JUSTIFICATION FOR RENTAL CAR: _____

REGISTRATION: \$ _____ (Provide conference website and proof of payment if already purchased)

MISC: \$ _____ Specify: _____ MISC: \$ _____ Specify: _____

MISC: \$ _____ Specify: _____ MISC: \$ _____ Specify: _____

MISC: \$ _____ Specify: _____ MISC: \$ _____ Specify: _____

WHAT IS THE PURPOSE FOR THIS TRIP? _____

HOW DOES THIS REQUESTED TRAVEL BENEFIT THIS PROJECT AND HOW DOES IT RELATE TO THE SPECIFIC RESEARCH CONDUCTED? _____

HOW DOES THIS TRAVEL BENEFIT ASU? _____