

**IONA COLLEGE
TRAVEL AUTHORIZATION FORM**



Date: _____

Use this form to request authorization to travel, including conference fees, air/rail/car travel arrangements, lodging, meals and anticipated transportation (car service, cab) charges. This form is available at the Purchasing Website.

Instructions:

1. Type or clearly print all information.
2. Provide complete Cost Center and Account Numbers, and obtain Dean or Vice Presidential authorization prior to submitting this form to Purchasing, at least one month prior to the date of travel.
3. Forward completed form to Purchasing, retaining a copy for your files. Upon receipt of the completed form, Purchasing will make the approved arrangements.
4. **Please insert the name and address referenced on the identification you will be presenting at Airport Security. Date of Birth is required for all airline tickets.**

Name: _____ Department: _____ Date of Birth: _____

Home Address: _____ City/State/Zip _____ Home or Cell Phone: _____

ESTIMATED TRAVEL EXPENSES

Destination: _____ Purpose for Travel: _____

Date(s) From: _____ To: _____ Total Number of Days: _____

Hotel Name: _____ Price Per Night: \$ _____ Total Hotel Cost: \$ _____

Conference Name: _____
(Include completed registration form if credit card payment is accepted) Conference Fee: \$ _____

Transportation Costs: Airfare: \$ _____

Car/Cabs: \$ _____

Other: \$ _____

Meal Allowance: \$45.00 per day \$ _____

TOTAL ESTIMATED COSTS: \$ _____

TRAVEL SPECIFICATIONS

Air Transportation Day/Date of Departure: _____ Preferred Time of Departure: _____

Day/Date of Return: _____ Preferred Time of Departure: _____

Seat Preference: Window or Aisle _____

Cost Center: _____ Account Number: _____

Department Head Signature: _____ Date: _____

Dean/VP Signature: _____ Date: _____