

**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.
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: \$35.00 per day \$ _____
(No receipts necessary)

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: _____