

HHRI TRAVEL AUTHORIZATION FORM

See instructions on back of form

NAME OF TRAVELER ←

DATE ←

NAME OF CONTACT ←

MAIL CODE # ←

DEPARTMENT ←

PHONE #
 ↑

TRAVEL DESTINATION ←

DATES OF CONFERENCE, SEMINAR, ETC. FROM

PURPOSE OF TRIP (ATTACH AGENDA) ←

BENEFIT TO RESEARCH PROJECT (IF APPLICABLE)
 ↑

PROJECT NO.	%

←

AUTHORIZED BY ←

PRINT NAME _____

TO BE ELIGIBLE FOR REIMBURSEMENT, EXPENDITURES MUST BE SUBMITTED WITHIN 60 DAYS FROM THE DATE OF TRAVEL

Authorized Signatures		AMOUNT
Traveler - Authorization Required		
	Department Chief - Self	
G/L C	Division Chief - Department Chief	
G/L C	Principal Investigator (P.I.) - Department Chief/Division Head	
G/L C	Others - Principal Investigator (P.I.)	
G/L C	Administrative Staff - COO, President or Secretary/Treas.	
	Individuals not under the purview of a department chief or P.I. - Chief Operating Officer	
	OTHER	

60 DAY CLOSEOUT DATE	HHRI APPROVAL	DATE RECEIVED