

DEPARTMENT OF BUILDING SCIENCE

REQUEST FOR AUTHORITY TO TRAVEL

AN AUTHORITY TO TRAVEL AND/OR INCUR EXPENSES IN PERFORMANCE OF OFFICIAL DUTIES ON BEHALF OF AUBURN UNIVERSITY IS REQUESTED BY:

(Traveler) (Title) (Department)

1. Nature and purpose of travel request: \_\_\_\_\_

2. Itinerary: \_\_\_\_\_

3. Time and date travel begins: \_\_\_\_\_ Ends: \_\_\_\_\_

4. Time and date meeting begins: \_\_\_\_\_ Ends: \_\_\_\_\_

5. Estimated Costs:

Transportation \_\_\_ Tourist Class Airfare (receipt required) \_\_\_\_\_

\_\_\_ Train Fare (receipt required) \_\_\_\_\_

\_\_\_ Personal Car: Mileage \_\_\_\_\_ @ Current state Rate \_\_\_\_\_

\_\_\_ Airfare In-Lieu-of Mileage (Quoted by \_\_\_\_\_ in Accounts Payable ) \_\_\_\_\_

\_\_\_ University Vehicle (to be paid by ITV) \_\_\_\_\_

\_\_\_ Rental Vehicle – including gasoline and tolls (receipts required) \_\_\_\_\_

\_\_\_ Taxi/Bus/Subway Fares \_\_\_\_\_

\_\_\_ Parking (receipt required) \_\_\_\_\_

Subsistence:

In-State \_\_\_ Per Diem \_\_\_\_\_ days @ current state rate \_\_\_\_\_

Out-of-State \_\_\_ Lodging – actual expenses (receipt required) \_\_\_\_\_

\_\_\_ Meals - actual expenses not to exceed current A. U. rate per day \_\_\_\_\_

\_\_\_ Guest Meals – actual expenses not to exceed current A. U. rate \_\_\_\_\_

Per day per person (receipt and guest list required) \_\_\_\_\_

6. Registration: \_\_\_ To be paid by traveler (receipt and copy of program required) \_\_\_\_\_

\_\_\_ To be paid separately by vendor voucher (copy of approved \_\_\_\_\_

R. A. T. required) \_\_\_\_\_

7. Honorarium: \_\_\_ Attach agreement/correspondence – lump sum payment only \_\_\_\_\_

(no Expenses allowed) \_\_\_\_\_

8. Miscellaneous Expenses:

\_\_\_ Fax and Telephone (receipt & itemization required) \_\_\_\_\_

\_\_\_ OTHER: (receipt and itemization required) \_\_\_\_\_

9. TOTAL ESTIMATED COSTS: \_\_\_\_\_

10. Remarks: \_\_\_\_\_

11. Account Name: \_\_\_\_\_ Account # \_\_\_\_\_

Account Name: \_\_\_\_\_ Account # \_\_\_\_\_

12. Email Information To:

NON-CIF Affiliated: [Smithc2@auburn.edu](mailto:Smithc2@auburn.edu)

CIF Affiliated: [Callocd@auburn.edu](mailto:Callocd@auburn.edu)

# FACULTY REPORT OF ABSENCE FROM CLASS

(To be used when absent from class and NOT receiving extra money)

**NAME:** \_\_\_\_\_

**DATE(S) OF ABSENCE FROM CLASS:** \_\_\_\_\_

**WHICH COURSES (CLASSES) WILL BE MISSED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR BEING ABSENT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW WILL CLASSES BE COVERED AND BY WHOM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF DAYS MISSED THIS QUARTER ALREADY REPORTED ON UPO-10 FORM: \_\_\_\_\_

NUMBER OF DAYS MISSED THIS QUARTER ALREADY REPORTED ON THIS FORM: \_\_\_\_\_

NUMBER OF DAYS MISSED THIS QUARTER ALREADY REPORTED ON SICK LEAVE: \_\_\_\_\_

NOTE: USE UPO-10 form when absent from class and receiving extra money.

Use Sick Leave form when absent from class when sick.

Use this form when absent from class and not receiving extra money.

**EMAIL:**

**DATE:** \_\_\_\_\_

