

**COLLEGE OF ARCHITECTURE**  
**2017-2018 TRAVEL AUTHORIZATION REQUEST**

(To be completed for all out of state travel & overnight stays in Oklahoma)

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. University Account #: \_\_\_\_\_ Foundation Account #: \_\_\_\_\_
3. U.S. Citizen (check one): Yes  No
5. College Authorization #: **ARCH** \_\_\_\_\_ (Up to 10 characters)

---

---

Travel Agency: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Return Date: \_\_\_\_\_

Ticket Amount: \$ \_\_\_\_\_

Are you presenting? Yes No **(If yes, please include your letter of acceptance with this form.)**

Please provide topic and method of presentation: \_\_\_\_\_

Is this travel considered core critical to the overall mission? Yes No

Explain: \_\_\_\_\_

---

---

<b>Air Fare:</b>	Purchased by OU _____	\$ _____
<b>Public Transportation:</b>		\$ _____
<b>Per Diem:</b> <input type="checkbox"/> (Per diem rates are at <a href="http://www.gsa.gov">www.gsa.gov</a> )	<b>Actual Receipts:</b> <input type="checkbox"/>	\$ _____
<b>Designated Lodging:</b> (provide copy of Conference program showing designated lodging hotels)		\$ _____
<b>Other Lodging:</b>		\$ _____
<b>Registration:</b> (If the College is paying for registration, please provide documentation that answers the following questions: (1). <u>Is a P.O. acceptable?</u> (2). <u>Is there a discount for paying early?</u> (3). <u>Will host allow for substitution of participants?</u> (4). <u>Will host refund 100% registration cost if conference is cancelled?</u> )		\$ _____

Mileage: \_\_\_\_\_ @ **0.47 cents** **Car tag:** \_\_\_\_\_ \$ \_\_\_\_\_

**Parking:** **Car tag:** \_\_\_\_\_ \$ \_\_\_\_\_

**Local Transportation:** \$ \_\_\_\_\_

**Rental Car:** \$ \_\_\_\_\_

**OU Rental Vehicle:** \$ \_\_\_\_\_

**Other Expenses:** \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

---

---

**Funding Source/Account:**

**122-** \_\_\_\_\_ \$ \_\_\_\_\_ **122-7** \_\_\_\_\_ \$ \_\_\_\_\_ **Other** \_\_\_\_\_ \$ \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DIRECTOR/ASSOCIATE DEAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEAN

\_\_\_\_\_  
DATE