



Participant Travel Authorization

Travel Authorizations should be completed prior to making any travel arrangements.

Requester Name

Requester Email

Requester Phone #

Project Name

Traveler Name

Traveler Address

Traveler Cell Phone #

Departure City, State

Proposed Departure Date

Proposed Return Date

Amounts Requested (estimates permitted):

Airfare

Lodging

Per Diem

Ground Transportation

Requester Signature/Date

PI Signature/Date

Study Name

GL Code

Budget Approval/Date

Executive Director Approval/Date