

- Executive travel? Obtain Dean's signature.
- Foreign travel? Obtain Dean's signature.
- Washington DC travel? Attach OSFR form.

SHADED AREAS FOR USE BY CENTRAL TRAVEL TEAM ONLY	Requisition #: _____
	Date entered in FMS: _____
	Date appr'v'd in FMS: _____

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
REQUEST FOR TRAVEL AUTHORIZATION**

****Submit completed RTA form with appropriate signatures and adequate supporting documentation to MS Travel Office, MSB G1.50****

Traveler: _____ Vendor ID: _____
 Title: _____ Department: _____
 Detailed Purpose: _____

From (MM/DD/YY)	Thru (MM/DD/YY)	Destination City	Code	Purpose	Code	Max Amount Lodging	Max Amount Meals
						\$ _____ /day	\$ _____ /day
						\$ _____ /day	\$ _____ /day
						\$ _____ /day	\$ _____ /day

Will traveler receive any compensation in addition to reimbursement for travel expenses? YES NO
 Is this a "blanket" travel request? YES NO
 Will the travel be at no cost to the University? YES NO
 External funding source, other than UTHHSC (for no-cost travel): _____
 Name of responsible faculty/staff while absent: _____

*****NOTE: State-Contracted vendors must be used with all state and federal fund sources!*****
 (See <http://ae.uth.tmc.edu/travel/index.html> to identify State-Contracted vendors)

Will travel expenses be paid from state or federal funds? YES NO If **yes**, please answer the following three questions.

1. Is the traveler using a State contracted **Airline**? (Use Corporate Travel Planners only, no online travel services.) YES NO
2. Is the traveler using a State contracted **Hotel**? YES NO
3. Is the traveler using a State contracted **Rental Car Agency**? YES NO

ESTIMATED EXPENSES

	Distribution Line 01 <small>Dept/Fund/Project/Program/Class</small>	Distribution Line 02 <small>Dept/Fund/Project/Program/Class</small>	Distribution Line 03 <small>Dept/Fund/Project/Program/Class</small>
Chart Field String: _____			

Expenses to be Prepaid by UT-H

• Airfare (BTA)	\$	\$	\$
• Registration Fee (due: _____) Vendor Code: _____	\$	\$	\$

Estimated Expenses to be Reimbursed to Traveler

• Airfare + Corp Travel Planners fee	\$	\$	\$
• Incidentals (room tax, taxi, internet, etc.)	\$	\$	\$
• Meals/Lodging	\$	\$	\$
• Mileage	\$	\$	\$
• Rental Car	\$	\$	\$
• Non-Travel Expenses	\$	\$	\$
• Official Function	\$	\$	\$
• Registration	\$	\$	\$
Total expenses, per distribution line	\$	\$	\$

TOTAL EXPENSES (add columns 1, 2, & 3) \$

Signature of Traveler: _____
 I understand that even if proper approvals are obtained, I will be responsible for any non-reimbursable/personal expenses.

Administrative Contact: _____ Interoffice Address: _____ Extension: _____ Email: _____

 Chairman or Administrative Supervisor

 Chart field Verification

 Dean's Office (for foreign, Executive, or DC travel)

 President (for travel over 29 days)