

OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST  
University of Oklahoma, Norman Campus

**TRAVEL PRE-AUTHORIZATION REQUEST**

*Must be completed by all individuals who report directly to the Provost  
Required for all out of state travel & all overnight stays in Oklahoma*

Traveler's Name:

Traveler's six-digit EmpID (eg. 000000): US citizen: YES NO

Destination:

Departure Date: Return Date:

Purpose of Trip (*list the full name of the professional organizations or societies*):

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Will you receive compensation or consulting fees?

Will you be seeking travel reimbursement from any source except OU?

If yes, how many working days will be taken as leave time:

Person to whom you have delegated authority in your absence:

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Travel Agency:

University/OU Foundation Account Name:

Department Number:

Account Code:

Travel Authorization Coding:

(Up to 10 characters)

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**TRAVEL EXPENSES:**

<u>Category</u>	<u>Estimated Expenses</u>	<u>List Source of Reimbursement (eg. OU Department #, OUF#)</u>
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Air Fare:

Public Transportation:

Per Diem: @ /day:

Lodging:

Meals:

Registration:

Mileage: @ /mile:

Local Transportation:

Parking:

Other :

**TOTAL ESTIMATED EXPENSES:**

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\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Approval by  
Senior Vice President and Provost

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Date of Approval