



CAP Travel Form for Travel Authority Request

Last Name:

First Name:

Nature of official business: (name of event)

Will you be presenting?

If 'Yes', add title of presentation:

Departure Date:

Return Date:

Address while absent: City

State

Country

Means of handling classes and other business while away (N/A is **NOT** an acceptable answer):

Mode of travel (University Vehicle, Personal Vehicle, or Airline):

Personal Vehicle

University Vehicle

Airline

Rental Car

Will you use a UGA authorized travel agency for airline ticket? (*Direct Billing*) Yes No

Information below is required for Direct Billing

Travel Award Number (i.e., Delta Skymiles):

Date of Birth (mm/dd/yyyy):

Name as it appears on your License or Pass Port:

Estimated Cost:

Click on option below for meal & lodging rates:

[GSA Per-Diem for Out of State](#)

[In-State Per-Diem for travel in Georgia](#)

[Foreign Per-Diem](#)

Meals: \$

Lodging: \$

*Transportation: \$

Registration: \$

*US travel insurance is not reimbursable

Are you a Member?

Was Registration paid with P-card?

Other: \$

Mileage (\$0.545 mile/State Vehicle \$0.18): \$

Grand Total: \$

Explain Other (Baggage, Shuttle, Airport Parking, etc.):

Justification for possible over per-diem expenses (i.e., lodging, transportation, etc.):

Expenses to be charged to:

Account Number:

Account Name:

Amount:

Account Number:

Account Name:

Amount:

Grand Total Requested:

Traveler's Signature:

Major Professor or Program Director's Signature (if required):