

TICKET AUTHORIZATION

Travel Agency:	Date:
	transportation tickets for the following individual(s) at the Research ity of Guam expense:
Name of Author Destination:	orized Traveler:
	norization Number: ation Cost Ceiling:
most direct traveler paid point via the policy to pa Excursion r	the for the above information should show cost from point to point by the route. Should the traveler take an indirect route, subtract the amount that the dor will pay and bill the RC-UOG for Transportation Cost from point to the most direct route. The RC-UOG would like to make clear that it is our you the lowest available fare which in most cases that will be Coach ate. Please also note that this authorization is strictly for tickets only. Please also hotel accommodations.
C. Please have	all invoices emailed to: gtravis@triton.uog.edu
The travel is for the a not authorized by RC	authorized traveler only and should not be transferred to any other person(s) 2-UOG.
ALL INVOICES SHOTICKET NUMBER(OULD SHOW OUR TRAVEL AUTHORIZATION NUMBER AND S).
	his will help us expedite payments. her information concerning this travel authorization, please call
Sincerely,	
Gloria Travis Chief Business Offic	er, Research Corporation University of Guam
Mailing Address:	RESEARCH CORPORATION, UNIVERSITY OF GUAM UOG STATION MANGILAO, GUAM 96923 ATTN: Gloria Travis

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