



TRAVEL REQUEST AND AUTHORIZATION

Full name of traveler: _____ ID# _____ Travel Authorization No.: _____
Date: _____

Itinerary: _____ Length of travel (days): _____
Conference/Meeting dates: _____ Date travel begins: _____

Purpose of travel:

Estimated cost of travel:

Pay by: (Check)	RCUOG Credit Card / Traveler	
Airfare:		_____
Per Diem:		_____
Location _____ (_____ days X _____)		_____
Auto Rental:		_____
Miscellaneous (list):	_____	_____
	_____	_____
	_____	_____

Total Estimate: _____
Amount of Travel Advance Requested: _____
Amount Advanced: (For RCUOG Accounting Department) _____

Signature of traveler:			

Print Name	Signature	Date	Title
Signature of authorizing administrator:			
			UOG Dean/Director
Print Name	Signature	Date	Title
This travel is authorized under the terms of the contract, grant, other source:			
			Principal Investigator
Print Name	Signature	Date	Title
Certifying availability of funds:			
_____	_____	30-	_____
RCUOG Certifying Officer	Date	G.L. Account Number	

Check # _____ is issued as an advance for your travel expenses. This advance is recorded as a receivable due from you until you submit a Travel Clearance (TC). You are required to submit your TC within 20 working days upon return to Guam.

I, hereby acknowledge that I understand the conditions under which my advance allowance is made and fully concur with the provisions stated above and those stated in the RCUOG travel policy.

Traveler's Signature/Date