

# Request for Travel Authorization

(please fill out and print)

To Be Completed  
By Travel Desk T#:

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

OSU ID: \_\_\_\_\_ PHONE: \_\_\_\_\_

TRAVEL DESTINATION: \_\_\_\_\_

TRAVEL DATES: \_\_\_\_\_

ESTIMATED TOTAL TRAVEL COSTS (Reimbursement over estimated cost requires PI approval) \_\_\_\_\_

OSU BUSINESS PURPOSE FOR TRAVEL:  
(No Acronyms Please)  
\_\_\_\_\_

CHARGE TRIP EXPENSES TO INDEX: \_\_\_\_\_  
OR

AIRFARE REIMBURSED BY (Full Name of Agency): \_\_\_\_\_  
OR

TRIP FULLY REIMBURSED BY (Full Name of Agency): \_\_\_\_\_  
No reimbursement filed with COAS

Azumano/Away Travel 541.757.9792, toll free: 800.334.2929, fax: 541.758.1631 or email:  
[azcorvallis@azumano.com](mailto:azcorvallis@azumano.com)

OTHER  
REQUIREMENTS:  
(e.g. registration,  
advance, car rental)  
\_\_\_\_\_

## REQUIRED SIGNATURES

TRAVELER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Agrees to travel in the most efficient and cost-effective manner in full compliance with OSU travel policies.

PI SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Certifies that the trip is necessary and required grant funds are budgeted and available.

PI NAME (printed): \_\_\_\_\_