

TRAVEL AUTHORIZATION

Department of Educational Psychology,
Counseling, and Special Education
The Pennsylvania State University

Name: _____ Date: _____

TRAVEL (including Sponsored Research Activities, Professional Meetings, Consulting, etc.-Please put complete name of conference)

I intend to be away from my usual work location on the following dates:

<u>Departure</u> <u>Date</u> <u>Time</u>	<u>Return</u> <u>Date</u> <u>Time</u>	<u>University</u> <u>Project or Activity</u>	<u>Location and Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Budget(s) to be charged:

<u>Budget</u>	<u>Fund</u>	<u>Cost Center</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By requesting this travel authorization, I am confirming that an appropriately qualified individual is covering any classes that I am assigned to teach in my absence and that students will not be required to make up missed class time at another time.

Class and Person Covering Class _____

Please visit the following website for information on traveling outside the United States with a laptop:
http://www.travel.psu.edu/laptop_security.shtml

Recommended:*

Department Head or PI Date

* In recommending approval of this request the Dept. Head/PI certifies encumbrance of required funds.
6/23/11