

University of Miami  
COLLEGE OF ARTS AND SCIENCES  
**PRE-TRAVEL AUTHORIZATION FORM**

to be Submitted Prior to Travel  
to the Office of the Dean  
227 Ashe Building, Locator 4620

**Fax: (305) 284-5637**

**Submit one copy to the Office of the Dean  
and one copy to Risk Management.**

Today's Date \_\_\_\_\_

Name of Traveler \_\_\_\_\_ Department \_\_\_\_\_ Phone No. \_\_\_\_\_

Check one:  Faculty  Student  University Guest  Other (explain) \_\_\_\_\_

Account No\*\* \_\_\_\_\_ Account Title \_\_\_\_\_

Destination \_\_\_\_\_ Dates of Trip \_\_\_\_\_ to \_\_\_\_\_

Purpose of Trip (be specific; include conference titles and reason for attendance, persons or organizations visited and why):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Expenses

Airline Tickets .....\$ \_\_\_\_\_

Other Transportation\* .....\$ \_\_\_\_\_

Meals .....\$ \_\_\_\_\_

or Per Diem.....\$ \_\_\_\_\_

Lodging .....\$ \_\_\_\_\_

Other\* .....\$ \_\_\_\_\_

TOTAL.....\$ \_\_\_\_\_

\*explain \_\_\_\_\_

EXPENSE LIMITATION \$ \_\_\_\_\_

Pre-travel reimbursement: \$ \_\_\_\_\_

BERF# \_\_\_\_\_ Date \_\_\_\_\_

Travel Authorization

\_\_\_\_\_  
Signature of Account P.I. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairperson \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Dean/ or Dean Designee \_\_\_\_\_ Date \_\_\_\_\_

**\* Dean's signature is required on domestic travel for  
chairs & directors only**

FOR INSURANCE PURPOSES ONLY  
Reimbursement will not be requested.

Upon completion of the above described trip, I agree to provide to the University of Miami original receipts for all expenses reimbursed to me (with the exception of per diem expenses).

\_\_\_\_\_  
Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_