



# TRAVEL AUTHORIZATION

## Wake Forest University Health Sciences

Form Completion Date: \_\_\_\_\_

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

to attend \_\_\_\_\_

(No Abbreviations)

at \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(Complete Mailing Address)

Authorization is requested for:  Travel in performance of Institutional duties  Travel in performance of Non-institutional activity

Describe the Activity: \_\_\_\_\_ Your Role: \_\_\_\_\_

How much time(in days)to be spent on activity? \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_ Mode of Travel \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED**Will or have you received payment/reimbursement by an external organization or individual?  Yes  No

If Yes, give complete details: → → → → → \_\_\_\_\_

Total Estimated Reimbursement \$ \_\_\_\_\_ (Name) \_\_\_\_\_

To Cover:  All Expenses  Airfare  Hotel  Meals \_\_\_\_\_ Honorarium & Amount \$ \_\_\_\_\_ (Address) \_\_\_\_\_ Other \_\_\_\_\_**NOTE:** If this activity is at variance from what you reported in your most recent Annual Faculty Report on Conflict of Interest / Conflict of Commitment, please update that information electronically.**No advances are allowed if any expense(s) are reimbursable by an external organization.**All requests for **ADVANCES** must be received in the Controller's Office no later than **15 DAYS PRIOR TO DATE OF DEPARTURE.****CASH ADVANCE REQUESTED \$ \_\_\_\_\_ (CASH ADVANCES EXCEEDING \$250 MUST BE JUSTIFIED IN WRITING)****FOREIGN TRAVEL MUST HAVE THE PRIOR APPROVAL OF THE DEPARTMENT CHAIRMAN & THE ASSOCIATE DEAN FOR FACULTY SERVICES (AND GRANTING AGENCY IF IT IS CHARGED TO A SPONSORED PROJECT).**

The undersigned traveler certifies the accuracy of the above information and understands that the institutional travel and accidental death insurance benefits are null and void when he/she travels as pilot of a private aircraft and does hereby release the institution from all claims which may arise during such travel.

**I hereby authorize the above travel:**\_\_\_\_\_  
Signature of Traveler (Sign in all cases) Telephone Extension \_\_\_\_\_\_\_\_\_\_  
Signature of Department/Section Head**INDICATE DISTRIBUTION AND TOTAL ESTIMATED TRAVEL COST BELOW:**

ACCOUNT				FUND		ORG				PROGRAM				SUB-CLS		PRJ/GRT				EST. TRAVEL COST	

**FOR CONTROLLER'S OFFICE USE ONLY**

Air Fare \_\_\_\_\_ \$ \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_

Advance \_\_\_\_\_ \$ \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_

Room Deposit \_\_\_\_\_ \$ \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_

Registration Fee \_\_\_\_\_ \$ \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_

Other Fees \_\_\_\_\_ \$ \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_

TR # \_\_\_\_\_ JE # \_\_\_\_\_

Vendor # \_\_\_\_\_

# REQUIREMENTS

It is the Institution's intent to allow for adequate, comfortable (not luxury) accommodations for employees who are required to travel on Institutional business. It is expected that employees will use discretion and good judgment in spending Institutional funds. Use of First/Business Class sections of jet planes, resort hotels, luxury restaurants, individual taxis to and from airport, and items of like nature are considered to be a luxury, lavish or extravagant by the IRS. As a result, WFUHS does not allow for such accommodations. Each employee is expected to be familiar with and abide by Institution's policy.

Travel on Institutional business and Non-institutional business must have prior written approval of the traveler's department/section head or immediate superior on this form. **FORM MUST BE FILED WITH THE CONTROLLER'S OFFICE PRIOR TO DEPARTURE.**

**Non-institutional business for which travel should be reported includes: consulting, speaking, expert opinion, paid court appearances, laboratory testing, and speaking which are being conducted for personal benefit and not in the normal conduct of responsibilities to the University. In addition, any time Wake Forest University Health Sciences' name is used related to any non-institutional activity involving travel, it must be reported on this form, even if the activity is performed in conjunction with approved vacation time. Further information regarding non-institutional (or outside) activities can be found in the Policy & Procedures Handbook.**

Reimbursement for use of personal auto cannot exceed coach airfare.

Foreign travel must have the prior approval of the department chairman, the Associate Dean for Faculty Services, and the Granting Agency if it is charged to a sponsored project.

A copy of the Registration Form must accompany the **"Request for Payment"** form if an advanced registration fee is to be paid by WFUHS. Without a properly completed and approved Travel Authorization Form on file, WFUHS will not release airline tickets and will not pay prepayments or reimburses any travel expenses.

**Travel Expense Vouchers** with original supporting documents are to be **submitted no later than 10 days after return**. Unexpended advances must be submitted with voucher.

According to policy, cash advances are limited to \$250. In special cases, such as foreign travel or extended travel, cash advances in excess of \$250 will be granted with Controller's Office approval. Cash advances will be available at 2:00 pm on the Friday before departure date.

*The traveler must justify in writing the need for any cash advance exceeding \$250.*

No additional cash advances will be made or travel expenses paid if a prior travel expense voucher is 30 days or more past due.

The Institution must be reimbursed, up to the amount of travel expenses paid by the Institution, for any payments, including honorariums, received by or for the traveler from an external organization.

**Non-Allowable Costs must be listed and accounted for separately due to Federal Grant requirements with which WFUHS must comply. Federal guidelines define Non-Allowable Costs as alcoholic beverages and first class air travel. The traveler will be reimbursed for these costs within the parameters of WFUHS travel policy. However, those costs must be expensed separately on the TRAVEL EXPENSE VOUCHER using Account 415003.**