



# 1303.1.1f - Senior University Administrator Travel and Reimbursement Authorization Form

## Authorization for Travel

**Traveler Name:** \_\_\_\_\_ **PID:** \_\_\_\_\_

**Traveler Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Trip Description:**

Dates of Travel: \_\_\_\_\_

Destination(s): \_\_\_\_\_

For International Travel:

\_\_\_ Traveler will register in advance on UNC Global Travel Registry:

<http://globaltravel.unc.edu/login.cfm>

\_\_\_ Traveler will enroll in advance for coverage in travel insurance program

(Contact UNC-Chapel Hill Risk Management Services at [risk@unc.edu](mailto:risk@unc.edu) or 919-962-6681)

Method(s) of Transportation: \_\_\_\_\_

Flight:  Commercial  Chartered  Med Air  Donor-Supported

Flight Status:  Coach/Economy  First Class  Business Class

First/Business Class Justification<sup>1</sup>: \_\_\_\_\_

**Nature of University Business:** \_\_\_\_\_

What Percentage of this trip is business: \_\_\_\_\_

**Planned Source of Funds for Reimbursement:**  Auxiliary  F&A  Foundation  Grant  
 State  Trust (check all applicable)

I certify this to be a true and accurate statement of the above travel plans:

**Signature of Traveler:** \_\_\_\_\_

Signature Date: \_\_\_\_\_

I authorize the intended travel as stated above and as certified by the traveler:

**Signature of Authorized Approver:** \_\_\_\_\_

**Authorized Approver Printed Name and Title:** \_\_\_\_\_

Authorization Date: \_\_\_\_\_

<sup>1</sup>First class or business class airfare is allowed only in the following circumstances: domestic travel by business or first class is permitted if the traveler is accompanying a major donor or dignitary who is traveling by business or first class and if the funding source of the travel is an allowable funding source; international travel by business class is allowable if the length of a non-stop segment is at least 8 hours in duration; and other international travel by business class is allowable if the facts and circumstances of the travel warrant it.

**Authorization for Reimbursement**

**Traveler Name:** \_\_\_\_\_ **PID:** \_\_\_\_\_

**Travel Reimbursement Form Number (Web Travel "T-number", if applicable):** \_\_\_\_\_

**Total Travel Costs:** \_\_\_\_\_

**Total Travel Reimbursement Costs:** \_\_\_\_\_

**Explanation of reimbursed costs:**

I certify this to be a true and accurate statement of travel expenses for the travel authorized above.

**Signature of Traveler:** \_\_\_\_\_

**Traveler Printed Name and Title:**

**Signature Date:** \_\_\_\_\_

I have examined the travel reimbursement request and certify that the expenses are consistent with the nature of the travel and with University expense policies.

**Signature of Authorized Approver:** \_\_\_\_\_

**Authorized Approver Printed Name and Title:** \_\_\_\_\_

**Authorization Date:** \_\_\_\_\_

**Fax Form 1303.1.1f with barcode page and supporting receipts when submitting reimbursement details.**