

WOODBURY UNIVERSITY TRAVEL AUTHORIZATION

Please attach any further itinerary details to this form.

PROGRAM NAME: _____

SPONSORING GROUP/ DEPARTMENT: _____

RESPONSIBLE WOODBURY EMPLOYEE: _____

ITINERARY (Fill out below OR attach itinerary)

Destination: _____

Departure date: _____

Return date: _____

PURPOSE OF TRAVEL: _____

MODE(S) OF TRANSPORTATION : _____

DRIVERS (Student drivers must complete a Student Driver Safety Regulations and Agreement Form.)

Name: _____ **License #:** _____

Name: _____ **License #:** _____

Name: _____ **License #:** _____

LODGING AND/OR DESTINATION CONTACT

Name(s)	Phone Number(s)
_____	_____

Submitted by: _____

Appropriate Person Responsible for the Trip

Date

Approved by Dean: _____

Dean of Students

Date

Approved by Business Office: _____

Date

Approved by VP: _____

Senior VP of Academic Affairs

Date

Approved by Dean: _____

Dean of related School or College

Date

**Department Chair/Head or Dean; not the same as the person who is submitting the form*

To be completed by trip coordinator
List of Authorized Travelers:

Name	Student	Faculty/Staff	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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To be completed by trip coordinator

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