



**UNIVERSITY OF GUAM  
UNIBETSEDAT GUAHAN**

**TRAVEL REQUEST AND AUTHORIZATION**

Full name of traveler: \_\_\_\_\_

T.A. No. \_\_\_\_\_

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

Itinerary: \_\_\_\_\_

Length of travel (days): \_\_\_\_\_

Date travel begins: \_\_\_\_\_

Purpose of travel: \_\_\_\_\_

Estimated cost of travel:

Transportation: \$ \_\_\_\_\_

Per diem: \_\_\_\_\_

Auto rental: \_\_\_\_\_

Miscellaneous (List): \_\_\_\_\_

Total estimate: \$ \_\_\_\_\_

Amount of Travel Advance requested: \$ \_\_\_\_\_

Amount Advanced \$ \_\_\_\_\_

Signature of person requesting travel: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title / Unit or Position

Signature of authorizing administrator: \_\_\_\_\_

Account # \_\_\_\_\_

\_\_\_\_\_  
Name / Title

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

Certifying availability of funds \_\_\_\_\_

Certifying Officer \_\_\_\_\_

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