THE AMERICAN UNIVERSITY IN CAIRO A.U.C.

TRAVEL OFFICE (TIDS # 96-097971)

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**TRAVEL AUTHORIZATION FORM**

Personnel No.: Trip Type: Domestic / International

Employee Name: Trip No.:

**Purpose/Reason of Trip [tick appropriate Box(es)]**

1. Board Meeting 4. Workshop/seminar 7. End of service

2. Staff recruitment 5. Conference 8. Sabbatical

3. Business development 6. Home leave 9. First Arrival

10. Others

**Travel Itineraries:**

**From**: **To**:

**Date**: **Trip activity**: **Carrier:**

Additional destination:

Planned duration of trip:

Total estimated cost of trip:

**Fare type:** Business class Economy

1. **Business Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Expense type | Fund | Cost Center | WBS | GL | EGP | USD |
| Air ticket |  |  |  |  |  |  |
| Perdiem |  |  |  |  |  |  |
| Registration fees |  |  |  |  |  |  |
| Accommodation |  |  |  |  |  |  |
| Visa |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |

1. **Personal**

Amount of fare difference (if any) to be charge to employee Total Amount: \_\_\_\_\_\_\_\_\_\_\_

Justification for trip (types 3, 4 & 5 only) or:

If travel other than Air ticket, please provide full details:

P.I. Approval (if applicable) : Date:

Grants Approval (if applicable) : Date:

Approved by Department Head : Date:

Approved by Dean : Date:

Approved by Area Head : Date: