

THE AMERICAN UNIVERSITY IN CAIROA.U.C.  
 TRAVEL OFFICE (TIDS # 96-097971)  
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 FAX: +202-2796-4346 E-mail: travel@aucegypt.edu

**TRAVEL AUTHORIZATION FORM**

Personnel No.:

Trip Type: Domestic / International

Employee Name:

Trip No.:

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

- |                         |                          |                     |                          |                   |                          |
|-------------------------|--------------------------|---------------------|--------------------------|-------------------|--------------------------|
| 1. Board Meeting        | <input type="checkbox"/> | 4. Workshop/seminar | <input type="checkbox"/> | 7. End of service | <input type="checkbox"/> |
| 2. Staff recruitment    | <input type="checkbox"/> | 5. Conference       | <input type="checkbox"/> | 8. Sabbatical     | <input type="checkbox"/> |
| 3. Business development | <input type="checkbox"/> | 6. Home leave       | <input type="checkbox"/> | 9. Others         | <input type="checkbox"/> |

**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
Airticket						
Perdiem						
Registration fees						
Transfer to & from Airport						
Others						

**2. 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 Area Head: \_\_\_\_\_ Date: \_\_\_\_\_