

STUDENT/TEAM/GROUP TRAVEL AUTHORIZATION - EXHIBIT B14

GROUP OR STUDENT'S NAME: _____

SPONSOR: _____ CELL PHONE NO. _____

DATES OF TRAVEL: _____

DESTINATION (City, State or City, Foreign Country*): _____

PURPOSE OF TRAVEL: _____

MODE OF TRANSPORTATION: _____

DRIVERS, if using motor vehicle(s): _____

HOTEL NAME/LOCATION: _____

HOTEL PHONE NO. _____

NAMES OF FACULTY AND/OR STAFF TRAVELING WITH STUDENTS AND/OR MEMBERS OF THE PUBLIC: _____

APPROXIMATE GROUP COST FOR:

TRANSPORTATION _____ LODGING _____ MEALS _____ OTHER _____

COMPLETE THE PARTICIPANT ROSTER ON PAGE 2 IF MORE THAN ONE PARTICIPANT.

By signing below, I affirm that, the Student/Team/Group Travel/Off-Campus Activity Checklist has been completed and all applicable University procedures related to student and state employee travel will be followed.

SIGNATURE OF AUTHORIZED SPONSOR (RUO): _____

ACCOUNT #: _____

EMPLOYEE W/SIGNATURE AUTHORITY _____

NOTE: Attach original completed Checklist (Exhibit B14-A) and send the original of this authorization form to Procurement Management **OR, for Foreign Travel, send originals to the Office of the VP for Business Affairs. That office will obtain the signature of the President or the President's designee and will provide the Sponsor with copies of the signed forms.**

Questions related to travel policies at UTD should be directed to Pete Bond or Trudy Muller at 972-883-2300.

***IF TRAVEL IS TO A FOREIGN COUNTRY, THIS FORM MUST BE APPROVED BY THE PRESIDENT, OR THE PRESIDENT'S DESIGNEE.**

President (or Designee)

Date

PARTICIPANT ROSTER: (attach separate sheet if necessary)

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