



TRAVEL AUTHORIZATION REQUEST

REQUESTED BY:		TRAVELER(S):	FIRST	MIDDLE	LAST
DATE OF BIRTH:		PASSPORT NO:	TYPE:		
GENDER	<input type="radio"/> M <input type="radio"/> F		EXP. DATE	US, etc.	

PURPOSE OF TRIP:		INTERVIEW:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
REQUESTED DEPARTURE DATE/TIME:		LENGTH OF TRIP:		REQUESTED RETURN DATE / TIME:

X	COST CENTER:	PROJECT #:	PROJECT NAME:
	01	Billable to Customer @ Cost	
	02	Billable to Customer in Another Manner	BILL TO:
	03	Billable to Customer as with a Markup	
	04	Billable to Customer as a Fixed Price Fee	
	05	Charge to Project @ ProEnergy Expense	
	OH	Charge to Overhead	

PROPOSED ITINARARY					
FROM	TO	TIME	DATE	RENTAL (Y/N)	HOTEL (Y/N)

Special Requirements? Yes No
 If Yes, What?

Explain Any Requested Exceptions To Travel Policy:

Travel Department Use Only

For Accounting Use Only

APPROVALS

LOB _____ Date: _____

Forward completed form to Travel for approval and processing