

SDC Group Travel Authorization Request

Group: _____

Group Leader(s) & Contact Number(s): _____

Business Purpose of the Trip: _____

Destination(s): _____ **Dates of Travel:** _____

Program/ Grant /Gift: _____ **(Consult your program head or supervisor)**

Proposed Budget*: Please be as precise as possible. Per diem rates can be found [here](#).

Expense Type	Daily Cost	Total	Notes
Hotel (EXAMPLE)	\$189.38 (Ex)	\$568.14 (Ex)	3 Nights at conference hotel (Ex)

*Please attach a separate sheet if you need more space.

Do you need flights or other travel arrangements (such as a bus)? If so, what are your preferred itineraries?

Do you need rental car(s)/motor pool vehicle(s)?

What hotel/accommodations will you be using? Please provide a link and any contacts you may have there. _____

Are you traveling to a conference? Please provide conference link.

*****NOTE***:** Each faculty member traveling must complete a Spend Authorization Worksheet prior to travel approval.