

**VANDERBILT UNIVERSITY SCHOOL OF NURSING**  
**GUEST TRAVEL AUTHORIZATION FORM**

**Section I. (To be completed by guest traveler)**

LEGAL FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 TRAVEL DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ KNOWN TRAVELER #: \_\_\_\_\_  
 NAME OF MEETING: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**Signature of Traveler\***

**Date**

\*I acknowledge that I have read and understand the [VU Travel Policy](#).

Are you a candidate for employment? YES  NO  If YES, **DO NOT** complete the following:

U.S. CITIZEN? YES  NO  IF NO, COUNTRY OF CITIZENSHIP: \_\_\_\_\_ GENDER: M  F  DOB: \_\_\_\_\_

**Section II. (To be completed by VUSN Guest Sponsor-Department)**

<b>Travel Category</b>	<b>Travel Justification (presenting poster/paper, professional development, recruiting)</b>
Research	
Academic	
Clinical/Community Partnerships	
Informatics	
Administrative	
Other	

**Section III. (To be completed by VUSN Guest Sponsor-Department)**

	<b>Estimated Cost</b>	<b>Non-Reimbursable</b>
Registration and/or Membership Fee		
Airfare ( <b>Must be booked via Concur</b> )		
Hotel		
Meals: Per Diem (\$59 per day/ No receipts) Itemized Receipts (Sponsored Projects/One Card)		
Taxi/Shuttle/Rideshare		
Rail or Other Transportation		
Car Rental		
Mileage (#: )		
Parking		
Other		
<a href="#">GeoBLUE Insurance</a>		
<b>Subtotal</b>		
<b>Honorarium</b>		
<b>Total</b>		
<b>Max Amount</b>	<b>OR</b>	<b>Percentage</b>
<b>Financial Unit Name</b>	<b>COA or Project #</b>	

**Section IV. Approval by Dean or Senior Associate Dean**

**Signature of VUSN Guest Sponsor funding the guest travel**

**Date**

	<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Dean or Senior Associate Dean (if applicable):</b>			
<b>Financial Unit Manager (if applicable):</b>			