

VANDERBILT UNIVERSITY SCHOOL OF NURSING
Faculty, Staff and Student TRAVEL AUTHORIZATION FORM

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

TRAVEL DATES: FROM _____ TO _____

NAME OF MEETING: _____

SPONSOR/ ENTITY: _____

CITY: _____ STATE: _____ COUNTRY: _____

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

For faculty with teaching and/or clinical assignments, attach coverage plan.
For recruitment materials, contact the VUSN Admissions Office.

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

Signature of Traveler* **Date**

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

Signature of P.I. (expenses paid by in whole or part on sponsored project) **Date**

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

Travel expenses being charged to **Business Unit 19710: Center for Research Development and Scholarship** requires Financial Unit Manager signature.