

Department of Psychology and Neuroscience Muenzinger D244 345 UCB Boulder, Colorado 80309-0345

## Travel Authorization Request for Employees

Traveler to complete this section	
Name:	Employee ID:
Traveler Email Address: Beginning Travel Date:	End Travel Date:
Destination(s):	Lift Havel Date.
City of Origin:	Will meals per diem be requested?
Please click to visit the PSC Travel websit	e for information regarding travel - https://www.cu.edu/psc/travel
Travel Justification: include 1) Reason for trip, 2) Benefit to University/Sponsor, 3) Conference/meeting name (no acronyms), Conference/meeting date, Title of paper presented (if applicable)	
Business Office to complete this section	
Org Number:	
Is this trip in the approved travel budget?	
Note: unbudgeted travel requires OPAS form.	
Does Sponsor require pre-approval for this	trip:
Note: sponsor may require pre-approval 30-60 days before departure date.	
Is this trip subject to the Fly America Act?	
Is this trip funded by the U.S. Dept. of Def the Secretary of a military depart	ense or rtment?
If yes, no exception allowed to the Open S	kies Agreements.
Business Office Approval	