T-18 Rev. 06/04

AUTHORIZATION FOR OFFICIAL TRAVEL

THE UNIVERSITY OF TENNESSEE

THIS FORM, INCLUDING NECESSARY APPROVALS, SHOULD BE COMPLETED PRIOR TO TRAVEL

_____ , _____ , _____
ORIGINATING CITY | DATE | YEAR

I HEREBY REQUEST AUTHORITY FOR TRAVEL ON OFFICIAL BUSINESS FOR THE UNIVERSITY OF TENNESSEE TO THE DESTINATIONS, ON THE DATES, AND FOR THE PURPOSES INDICATED BELOW:

DATES	CITY & STATE	HOTEL OR TELEGRAPH ADDRESS	PURPOSE OF TRIP

Foreign Travel **(Restricted Accounts): Specific authorization has been obtained from the sponsor for this travel:** **Yes** ☐ **No** ☐

ACCOMPANIED BY _____
NAME AND DEPARTMENT OF OTHER UNIVERSITY PERSONNEL, IF ANY

SIGNATURE _____ **NAME** _____

APPROVALS: **TITLE** _____

_____ , _____
DEPARTMENT HEAD | **DATE**

COST CTR/WBS NAME _____

_____ , _____
DEAN OR DIRECTOR | **DATE**

COST CTR/WBS NUMBER _____

_____ , _____
VICE PRESIDENT, CHANCELLOR, OR THEIR DESIGNEE | **DATE**