

Travel Authorization Request

SATO 866-569-5334

Name of Traveler: Submission date:

Social Security: Destination:

Dates of Travel From: Through: Annual Leave From: Through:
(If you leave earlier or come home later, the time sheet and travel voucher must agree.)

Purpose of Trip:

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Name of Meeting: Dates:
(Please spell out full name of meeting. Attach announcement/web page.)

Paper Title:

Number of nights:

City where lodging:

Meals with dates included in the registration fee:

Transportation: Mode to site: Plane GOV POV *(.505 if no other, else .285)*

Round trip mileage from home to airport:

Other possible expenses: Taxicab Rental car **** Parking fees Tolls
 Local bus/train Foreign exchange fees Phone
 Laundry (+4 nights) Supplies *(explain****)*

On ARMPS? Yes No *(If No, explain)*

Attach Travel Comp Request? Yes No
Travel completely paid for by ARS? Yes No *(If No, explain)*

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Travel completely paid for by your CRIS? Yes No *(If No, explain)*

Foreign Travelers also provide: email, and Ph: home/work/cell

Date of Birth: Place of Birth:

Contact: *(local name and phone for individual in EACH city within EACH country visiting)*

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