



# GEORGETOWN UNIVERSITY

Office of Biomedical Graduate Education

## Travel Authorization Request Form For GU Employee Travel Charged to BGE Cost Centers (GX4208)

### Traveler Information:

Traveler's Name:

Department/Program:

### Reason for Travel:

Graduate Program Recruitment at Graduate/Professional School Fair       Attend Conference Directly Related to my position [Member:  Yes  No]       Attend Workshop to Enhance Job-Related Skills

Other      **Event Title:**

**Dates of Travel:**      **Departure Date:**     
Month      Day      Year

**Return Date:**     
Month      Day      Year

*NOTE: A copy of the official event announcement (such as email or flyer) MUST accompany this sheet.*

### Estimate of Expenditures: (see travel expense guidelines on reverse of this form)

Purpose	Estimated Cost
Registration Fee	\$
Airfare	\$
Train	\$
Rental Car	\$
Fuel (for car)	\$
Mileage (for personal car)	\$

Purpose	Estimated Cost
Cab Fare	\$
Hotel/Lodging (indicate total for all nights of lodging)	\$
Meals	\$
Other (specify)	\$

**Estimated Total Expenses:** \$

**Cost Center to be Charged:** GX4208

### Required Signatures:

**Traveler:**  
  
\_\_\_\_\_  
Signature      Date

**Program Director:**  
  
\_\_\_\_\_  
Signature      Date

### Action Taken on Request:

This travel request has been:  
 Approved       Denied (see attached comments)  
 Additional Information Requested (see attached comments)

**Biomedical Graduate Education (Director or Associate Dean):**  
  
\_\_\_\_\_  
Signature      Date