



Georgetown University Medical Center Travel Authorization Request Form

GEORGETOWN UNIVERSITY
Georgetown University Medical Center

Traveler Information

Traveler's Name

Traveler's Email:

Department

Sector

Travel Details

Conference

Recruitment Fair

Job Skills Training

Other

Event / Title

Note: A copy of the official event announcement (such as email or flyer) must accompany this sheet

Location

Departure Date

Return Date

Estimate of Expenditures

Registration Fee

Rental Car

Airline

Fuel or Mileage

Train

Meals

Other (provide detail)

Hotel / Lodging

Cab Fare

Estimated Total Expenses

GMS WorkTags to be Charged

Cost Center

Grant

Fund

Gift

Program

Assignee

Purpose

Pre-Approval Signatures

Traveler Name (print)_____

Supervisor Name (print)_____

Signature_____Date_____

Signature_____Date_____

Sector/Dept Finance (print)_____

Sector/GUMC Finance (print)_____

Signature_____Date_____

Signature_____Date_____

This form is to be used by GUMC faculty & staff for pre-approval of university related travel. University travel requires department sign-off whether the costs are charged to GUMC cost centers, or sponsored or reimbursed by an outside entity.