

AMERICAN UNIVERSITY OF BEIRUT

REQUEST AND AUTHORIZATION FOR

OFFICIAL UNIVERSITY TRAVEL

1. Name	Date:	Department:	
2. ID No.	Contact Phone No.:		
3. ACCOMPANYING DEPENDENTS			
NAME		RELATIONSHIP	
ESTIMATED COST OF TRAVEL		PURPOSE OF TRIP	
ITM		AMOUNT	
Transportation costs			
Lodging and subsistence			
Per diem.....Days @.....			
Miscellaneous			
TOTAL COSTS			
ITINERARY			
FROM	TO	DATE	PREFERRED CARRIER
		FROM	TO
		DATE	PREFERRED CARRIER
REMARKS:			
COMP.	ACCOUNT	CENTER	PROGRAM
Approved (Head of Department)		Approved (Dean, Vice President or President)	
Budget Approval:		Cash Advance Approval (Comptroller)	

DISTRIBUTION OF COPIES:

N.B. The RAOU and the Leave Request Approval Forms should be submitted, at least three weeks prior to the date of departure, to Personnel/HR Departments who will arrange to forward the RAOU to the UTO/Auxiliary Services for the purchase of the ticket(s).