Fillable Form

AMERICAN UNIVERSITY OF BEIRUT

REQUEST AND AUTHORIZATION FOR OFFICIAL UNIVERSITY TRAVEL

Date:

I request to undertake the travel described below in accordance with itinerary and within the amounts specifically approved as set forth hereunder and in accordance with provisions of the University travel regulations

1. Name 2. ID No. Contact Phone No.:	Department

3. ACCOMPANYING DEPENDENTS

NAME	RELATIONSHIP
.....	
.....	
.....	
.....	
.....	
.....	

ESTIMATED COST OF TRAVEL		PURPOSE OF TRIP
ITM	**AMOUNT**	
Transportation costs		
Lodging and subsistence		
Per diem……Days @……..	0	
	0	
Miscellaneous	0	
TOTAL COSTS	0	

ITINERARY

FROM	TO	DATE	PREFERRED CARRIER	FROM	TO	DATE	PREFERRED CARRIER
.....				.....			
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REMARKS:.....
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.....

COMP.	ACCOUNT	CENTER	PROGRAM	Amount of Cash Advance	Requested by (Signature)

Approved (Head of Department)	**Approved (Dean, Vice President or President)**
Budget Approval:	**Cash Advance Approval (Comptroller)**

DISTRIBUTION OF COPIES:

Original : Human Resources / Comptroller / Auxiliary Services
First copy : Comptroller
Second copy : Department or Dean
Third copy : EHS & RM

(Revised April 2004)

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