# UConn Health
# GUEST / CANDIDATE
## TRAVEL AUTHORIZATION FORM

Revised 01/2022

☐ GUEST
☐ CANDIDATE

**Department:** _____ **Mail Code:** _____

**Guest Host:** _____ **Phone:** _____

**Guest Name (first, full middle, last):** _____

**SS#:** _____ **DOB:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

☐ **US Citizen or Permanent Resident for Tax Purposes (include W-9 form with Guest TA)**

☐ **Non Resident Alien ( Please attach Alien Information Collection Form)**

**Business Purpose of visit to Health Center:**

| |
|---|
| |

**Guest will be traveling from:** _____

**Scheduled Visit Dates:** **From:** _____ **To:** _____ **Confirmation #** _____

## *Itemized Costs*

| | | Paid By Guest | Paid By UCHC | | |
|---|---|---|---|---|---|
| **Air Fare:** | | ☐ | ☐ | | |
| **Lodging:** | $ 0.00 | ☐ | ☐ | | **Cost / Night: _____# of Nights** |
| **Meals / day:** | $ 0.00 | ☑ | ☐ | 0 | **$50.00 / day w/ receipts Guest only** |
| **Meals - Partial Day:** | | ☑ | ☐ | | |
| **Dinner w/ Guest:** | $ 0.00 | ☐ | ☑ | | **total number of attendees @** $ 55.00 |
| **Rental Car:** | | ☐ | ☐ | | |
| **Honorarium:** | | ☐ | ☑ | | WHEN REQUESTING HONORARIUMS, DEPARTMENTS MUST SUBMIT EITHER INDIVIDUAL OR CORPORATE SETUP PACKAGES WITH THE TRAVEL AUTHORIZATION REQUEST |
| **Mileage:** | $ 0.00 | ☑ | ☐ | | **# of miles @ GSA rate of:** $ 0.585 |
| **Other:** | | ☐ | ☐ | | DESCRIPTION |
| | | ☐ | ☐ | | DESCRIPTION |

| | |
|---|---|
| **TOTAL Paid to Guest*:** | $ 0.00 |
| **TOTAL Paid FOR Guest:** | $ 0.00 |
| **TOTAL COST:** | **$ 0.00** |

| | FUND | ORG | PGM | ACCT | AMOUNT |
|---|---|---|---|---|---|
| **Travel** | | | | | |
| **Honorarium** | | | | | |
| **Extra line** | | | | | |
| **Extra line** | | | | | |
| **Extra line** | | | | | |

BANNER ACCOUNT CODING TO BE CHARGED

Dept. Admin Signature: _____ Print Name _____ Date _____

Senior Level Approver: _____ Print Name _____ Date _____

Dir. of Finance or Designee: _____ Print Name _____ Date _____

Grants Approval (For funds beginning with 5 or 6): _____ Print Name _____ Date _____

**RETURN APPROVED FORM TO:** **MAIL CODE:**

**PRINT** **RESET**