



# GUEST / CANDIDATE TRAVEL AUTHORIZATION FORM

GUEST  
 CANDIDATE

05/12  
Department: MEDICINE Mail Code: MC1111  
Guest Host: DR. JOSEPH SMITH Phone: (860) 679-1111  
Guest's Name: MARY HALL SS#: 999-99-9999  
Address: 123 MAIN STREET  
City: SAN FRANCISCO State: CA Zip: 99999

US Citizen or Permanent Resident for Tax Purposes  
 Non Resident Alien ( Please attach Alien Information Collection Form) \*Fill out NRA form only if paying honorarium

### Business Purpose of visit to Health Center:

GUEST SPEAKER FOR GRAND ROUNDS

Guest will be traveling from: SAN FRANCISCO, CA

Scheduled Visit Dates: From: 02-12-2013 To: 02-15-2013 Confirmation # 888888

### Itemized Costs

|                      |           | Paid By                             |                                     |           |  |
|----------------------|-----------|-------------------------------------|-------------------------------------|-----------|--|
|                      |           | Guest                               | UCHC                                |           |  |
| Air Fare:            | \$ 450.00 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |           |  |
| Lodging:             | \$ 250.00 | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ 125.00 | Cost / Night: <u>2</u> # of Nights   |
| Meals / day:         | \$ 150.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3         | \$50.00 / day w/ receipts Guest only   |
| Meals - Partial Day: |           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |           |  |
| Dinner w/ Guest:     | \$ 550.00 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 10        | total number of attendees @ \$ 55.00   |
| Rental Car:          | \$ 100.00 | <input type="checkbox"/>            | <input type="checkbox"/>            |           |  |
| Honorarium:          | \$ 0.00   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |           | WHEN REQUESTING HONORARIUMS, DEPARTMENTS MUST SUBMIT EITHER <u>INDIVIDUAL</u> OR <u>CORPORATE</u> SETUP PACKAGES WITH THE TRAVEL AUTHORIZATION REQUEST |
| Mileage:             | \$ 0.00   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 0         | # of miles @ GSA rate of: <u>\$ 0.5550</u>   |
| Other:               |           | <input type="checkbox"/>            | <input type="checkbox"/>            |           | DESCRIPTION  |
|                      |           | <input type="checkbox"/>            | <input type="checkbox"/>            |           | DESCRIPTION  |

|                       |             |
|-----------------------|-------------|
| TOTAL Paid to Guest*: | \$ 150.00   |
| TOTAL Paid FOR Guest: | \$ 1,000.00 |
| TOTAL COST:           | \$ 1,150.00 |

If total paid to guest is \$3000.00 or more DO NOT FILL OUT THIS FORM  
Instead use the Contract Information Sheet.

|            | FUND   | ORG   | PGM | ACCT  | AMOUNT      |
|------------|--------|-------|-----|-------|-------------|
| Travel     | XXXXXX | XXXXX | XX  | XXXXX | \$ 1,150.00 |
| Honorarium |        |       |     |       |             |
| Extra line |        |       |     |       |             |

BANNER ACCOUNT CODING TO BE CHARGED

Dept. Head Signature: \_\_\_\_\_ 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: MC1111