

Past Travel Justification

| By completing this form, I, | , acknowledge that I have not |
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| does not excuse me from violating the Travel Polic | 1 11 |
| in completing the procedure. | |
| Payee: | Worktag: |
| Dates of Travel Event: | |
| Reason for Travel: | |
| Justification for Lack of Spend Authorization for Trav | el Event & Travel's Benefit to the University and/or |
| Department: | |
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| , | |
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| | |
| Payee: | Date: |
| Manager: | |
| | |
| Cost Center Manager / Budget Officer: | Date: |
| Director / Dept. Chair: | Date: |
| Export Control: | Date: |
| Study Abroad: | Date: |
| Grant/Gift Manager / Principal Investigator: | Date: |

If all applicable signatures are not present when the Travel Office reviews the Expense Report, we have the right to deny your request for reconciliation and/or invoice Travel Card transaction related to this travel event.