

Request for Authorization to Travel

(Authorization is required for all air travel and multi-day ground travel.)

TRAVELER AND DEPARTMENT INFORMATION	
Name:	
Title:	
Organization:	
Date of Request:	
TRIP INFORMATION	
Purpose/Justification of the trip and how CWRU will benefit:	
Departure Date:	Return Date:
Destination(s):	
Approximate Expense of Trip:	
CONTACT INFORMATION	
Contact Information for Traveler during Trip:	
Contact Person within Organization during Absence:	

Absence Approved: Yes No

 Christopher D. Masotti
 Senior Associate Dean for Finance
 Case Western Reserve University School of Medicine

 Date