

NEW MEXICO STATE UNIVERSITY at CARLSBAD

Travel Authorization Form

NAME _____ DATE _____

BANNER NUMBER _____ INDEX _____

DESTINATION _____

PURPOSE OF TRIP REQUEST _____

DEPARTURE DATE _____ TIME _____

RETURN DATE _____ TIME _____

TRAVELERS SIGNATURE _____

SUPERVISORS SIGNATURE _____

APPROVED YES _____ NO _____

SUPERVISORS REASONS FOR NOT APPROVING

WILL YOU BE LEAVING YOUR PERSONAL VEHICLE ON CAMPUS? YES ___ NO ___

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

NMSU PARKING STICKER # _____

NOTES:

