Reset Form

Print Form

TRAVEL AUTHORIZATION
Wake Forest Baptist Medical Center

TRIP #: _____ Form Completion Date: _____

Name: _____ Dept: _____

to attend_____
(**No Abbreviations**)

at _____ City:_____ State:_____
(Complete Mailing Address)

Authorization is requested for: ☐ Travel in performance of Institutional duties ☐ Travel in performance of Personal Business activity

Describe the Activity: _____ Your Role: _____

How much time(in days)to be spent on activity? ____ Departure Date _____ Return Date _____ Mode of Travel _____

THIS SECTION MUST BE COMPLETED

Will or have you received payment/reimbursement by an external organization or individual? ☐ Yes ☐ No

If Yes, give complete details: → → → → → _____

Total Estimated Reimbursement $ _____ (Name)

To Cover: ☐ All Expenses ☐ Airfare ☐ Hotel ☐ Meals _____
☐ Honorarium & Amount $ _____ (Address)

☐ Other _____ _____

NOTE: If this activity is at variance from what you reported in your most recent Annual Outside Interest Disclosure, please update that information electronically.

FOREIGN TRAVEL MUST HAVE THE PRIOR APPROVAL OF THE DEPARTMENT CHAIRMAN & THE ASSOCIATE DEAN FOR FACULTY SERVICES (AND GRANTING AGENCY IF IT IS CHARGED TO A SPONSORED PROJECT).

The undersigned traveler certifies the accuracy of the above information and understands that the institutional travel and accidental death insurance benefits are null and void when he/she travels as pilot of a private aircraft and does hereby release the institution from all claims which may arise during such travel.

I hereby authorize the above travel:

_____ / _____
Signature of Traveler (Sign in all cases) Telephone Extension

_____ / _____
Signature of Dept./Section Head / Supervisor (PRINT NAME)

_____ / _____
Signature of Chart Field Approver (PRINT NAME)

_____
Prepared by: (PRINT NAME)

INDICATE DISTRIBUTION AND TOTAL ESTIMATED TRAVEL COST BELOW:

BUSINESS UNIT	ACCOUNT	FUND	DEPARTMENT	PROGRAM	PROJECT	EST. TRAVEL COST
	6 2 6 5 1					$
						$

FOR FINANCIAL SERVICES' OFFICE USE ONLY

Air Fare _____ _____ $_____.____
Date Paid Amount

Room Deposit _____ _____ $_____.____
Date Paid Amount

Registration Fee _____ _____ $_____.____
Date Paid Amount

Other Fees _____ _____ $ _____.____
Date Paid Amount

TR # _____ JE # _____ Vendor #_____

Revised December 2012

REQUIREMENTS

It is WFBMC's intent to allow for adequate, comfortable (not luxury) accommodations for employees who are required to travel on Institutional business. It is expected that employees will use discretion and good judgment in spending Institutional funds. Use of First/Business Class sections of jet planes, resort hotels, luxury restaurants, individual taxis to and from airport, and items of like nature are considered to be a luxury, lavish or extravagant by the IRS. As a result, WFBMC does not allow or reimburse for such accommodations. Each employee is expected to be familiar with and abide by Institution's policy.

Travel on Institutional business and personal business related to institutional responsibilities must have prior written approval of the traveler's department/section head or immediate superior on this form.

The TRAVEL AUTHORIZATION FORM, MUST BE APPROVED AND FILED WITH THE FINANCIAL SERVICES' OFFICE PRIOR TO DEPARTURE including a valid expense chartfield and assigned trip number.

Program approval as follows:

Role	Approval Amount
Supervisor	$2,500
Manager	$7,500
Director	$15,000
Division AVP	$30,000
Finance AVP	Greater than $30,000

Projects will go through the chartfield approver process (Default approver assigned on signature card).

Personal business related to institutional responsibilities for which travel should be reported includes: consulting, expert opinion, paid court appearances, laboratory testing, and speaking which are being conducted for personal benefit and not in the normal conduct of responsibilities to the Institution. In addition, any time Wake Forest Baptist Medical Center's name is used related to any personal business activity involving travel, it must be reported on this form, even if the activity is performed in conjunction with approved vacation time or is externally funded. Further information regarding personal business (or outside) activities can be found in the Policy & Procedures Handbook.

Reimbursement for use of personal auto cannot exceed coach airfare.

Foreign travel must have the prior approval of the department chairman, the Dean's Office, and the Granting Agency if it is charged to a sponsored project when applicable; this documentation should be attached to the TA)

A copy of the Registration Form must accompany the **"Request for Payment"** form if an advanced registration fee is to be paid by WFBMC.

Without a properly completed and approved Travel Authorization Form on file including chartfield and assigned trip number, WFBMC will not pay prepayments or reimbursements of any travel expenses including airline tickets.

Travel Expense Vouchers with original supporting documents are to be **submitted no later than 15 days after return**.
The Institution must be reimbursed, up to the amount of travel expenses paid by the Institution, for any payments received by or for the traveler from an external organization.

Non-Allowable Costs must be listed and accounted for separately due to Federal Grant requirements with which WFBMC must comply. Federal guidelines define Non-Allowable Costs as alcoholic beverages and first class air travel. Reimbursement of non-allowable costs is not allowed from federal funds at any time or purpose and only from some institutional funds sources under certain circumstances and executive approvals. If approved under these rare circumstances, non-allowable costs must be expensed separately on the TRAVEL EXPENSE VOUCHER using Account 66402.