

# USA HOSPITALS AUTHORIZATION FOR PROFESSIONAL LEAVE OR TRAVEL

**If this leave request includes FOREIGN/INTERNATIONAL travel you must complete the International Travel Review Form PRIOR to making any arrangements and PRIOR to submitting this request.**

I, \_\_\_\_\_, request permission to be absent from my regular duties for the period \_\_\_\_\_. The destination of my travel is \_\_\_\_\_.

The purpose for making this trip is: \_\_\_\_\_.

If reimbursement of travel expenses is requested, complete the following

- |                      |   |          |
|----------------------|---|----------|
| 1.                   | Airfare   | \$ _____ |
| 2.                   | Private Car, when authorized at current mileage rate              | _____    |
| 3.                   | Estimated per diem (In-state) or meals and lodging (Out-of-state) | _____    |
| 4.                   | Registration fees   | _____    |
| Total Estimated Cost |   | \$ _____ |

**Foreign/International Travel is defined as travel outside the continental United States.**

- NO, this travel request DOES NOT include Foreign/International Travel.**
- YES, THIS TRAVEL REQUEST INCLUDES FOREIGN/INTERNATIONAL TRAVEL: I am ATTACHING a copy of the International Travel Review documentation that I have received (and reviewed) from the Office of International Education/Research Compliance and Assurance, including any Annual Temporary Export Certification (ATEC) documentation received.**
- If YES, I have read the attached international travel documentation provided and understand the conditions and limitations applicable to this requested travel.**

**I understand that travel arrangements and reimbursement must be pre-approved, travel arrangements, should not be made prior to submission of this request.**

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

**FOAPAL String and Account**

Fund	Organization	Account	Program	Activity (Optional)	Amount

**CERTIFICATION OF APPROVAL:**

**I (we) approve this request as being in the best interest of the Hospital. Sufficient funds are in the departmental budget.**

\_\_\_\_\_  
Department Head/Date

\_\_\_\_\_  
Hospital Administrator/Date

\_\_\_\_\_  
Assistant Administrator/Date

Note: Travelers should submit their travel reimbursement claims, when applicable, within sixty dates following the trip. See current revision of the University of South Alabama "Travel and Entertainment Regulations."

**For USA Travel Policies, go to: <http://www.southalabama.edu/financialaffairs/traveloffice/index/html>**

*Revised: September 2009*