

University of South Alabama Hospitals

Authorization for Professional Leave or Travel

This form should be completed and approved prior to the beginning of the leave, travel or the purchase of tickets.

Please print or type the following information:

I, _____ request permission to be absent from my regular duties for the period _____. The destination of my travel is _____
 The purpose of making this trip is _____

If reimbursement for travel expenses is requested, complete the following:

- | | | | |
|----|---|----|---------------|
| 1. | Plane Fare | \$ | _____ . _____ |
| 2. | Private Care, when authorized at current mileage rate. | \$ | _____ . _____ |
| 3. | Estimated per diem (In-state) or meals and lodging (Out-of-state) | \$ | _____ . _____ |
| 4. | Registration Fee | \$ | _____ . _____ |
| | Total Estimated cost | \$ | _____ . _____ |

_____ Signature of Traveler
_____ Department

FOAPAL String and Amount						
Fund	Organization	Account	Program	Activity [Optional]	Location [Optional]	Amount

CERTIFICATE OF APPROVAL:

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

_____ Hospital Administrator / Date

_____ Department Head / Date

_____ Assistant Administrator / Date

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