



Covid-19 Essential Travel Authorization

Name	
Title	
Department	
Employee ID	
Telephone No.	
Travel Dates	
Destination	

Purpose of Trip during Covid-19 (including an explanation of why this request is considered essential travel)

--

Estimated Cost of Travel:

Mileage	
Parking	
Other (Explain)	
Total	

Signed		Date	
--------	--	------	--

Employee Requesting Travel

Signed		Date	
--------	--	------	--

Departmental Budget Manager

Signed		Date	
--------	--	------	--

Vice President/Provost

Signed		Date	
--------	--	------	--

President