

**Request for Travel Authorization
Agricultural Development Council**

FORM ADC-07

Travel Applicant: _____

Employee Guest Board Member Student

Address: _____

Department: _____ Telephone: _____

Dates of meeting/official business:

Dates of travel:

From: _____ To: _____

Depart: _____ Return: _____

Destination: _____

Purpose: _____

ADC Project ID _____

Lodging:	(Special Request: <input type="checkbox"/> Yes <input type="checkbox"/> No) Pay Direct: PA # _____	\$ _____
Meals:	Pay Direct: PA # _____	\$ _____
Registration	(a) Pay Direct: PA # _____ (b) Pay Direct: PA # _____	\$ _____ \$ _____
Transportation:	<input type="checkbox"/> Personal Auto <input type="checkbox"/> University Auto <input type="checkbox"/> Guest in Car <input type="checkbox"/> Air (Pay Direct: PA# _____) Other (Pay Direct: PA# _____)	\$ _____ \$ _____
Other: (Include taxi, parking, toll, etc.)	Explanation: _____	\$ _____
TOTAL		\$ _____

Reimbursement limited to: \$ _____	Advance Request: \$ _____
PA # _____	

Applicant's Signature: _____ Date: _____

(If signing, applicant certifies that proper liability insurance is maintained on personal auto if used.)

Dept. Head/Section Leader: _____ Date: _____

Associate Vice President

For Agriculture: _____ Date: _____