

**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 \_\_\_\_\_

|  |   |                      |
|--|---|----------------------|
| <b>Lodging:</b>                                      | (Special Request: <input type="checkbox"/> Yes <input type="checkbox"/> No)<br>Pay Direct: PA # _____   | \$ _____             |
| <b>Meals:</b>  | Pay Direct: PA # _____  | \$ _____             |
| <b>Registration</b>                                  | (a) Pay Direct: PA # _____<br>(b) Pay Direct: PA # _____  | \$ _____<br>\$ _____ |
| <b>Transportation:</b>                               | <input type="checkbox"/> Personal Auto <input type="checkbox"/> University Auto<br><input type="checkbox"/> Guest in Car<br><input type="checkbox"/> Air (Pay Direct: PA# _____)<br>Other (Pay Direct: PA# _____) | \$ _____<br>\$ _____ |
| <b>Other:</b><br>(Include taxi, parking, toll, etc.) | Explanation: _____  | \$ _____             |
| <b>TOTAL</b>   |   | <b>\$ 0.00</b>       |

|   |                                  |
|---|----------------------------------|
| <b>Reimbursement limited to: \$ _____</b> | <b>Advance Request: \$ _____</b> |
| <b>PA # _____</b>                         |                                  |

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: \_\_\_\_\_