



**Travel Authorization *ADDENDUM***

**SECTION I - Personal Data**

Employee Name: _____	TU ID# _____
Department: _____	
E-Mail Address : _____	Extension: _____
Destination: _____	Return Date: _____
Has a Travel Expense Voucher been submitted for this trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II – Source of Funding**

**Additional Funding Source:**

1) **Primary** Source: Dept or Grant: \_\_\_\_\_ Amount: \_\_\_\_\_

_____	_____	_____
Authorized Budget Signature	Department Name	Date

2) **Second** Source\*: Dept or Grant: \_\_\_\_\_ Amount: \_\_\_\_\_

_____	_____	_____
Authorized Budget Signature	Department	Date

3) **Third** Source\*: Dept or Grant: \_\_\_\_\_ Amount: \_\_\_\_\_

_____	_____	_____
Authorized Budget Signature	Department	Date

\* Second and/or Third Source of Funds, if applicable

**SECTION III – Authorization/Verification**

**Required Signatures –**

_____	_____
University Budget Office Signature (Required for budget verification if addendum amount exceeds \$400 or total cost of trip now exceeds \$1000 or if funded by a sponsored project)	Date
_____	_____
Financial Services Signature	Date

*Traveler will receive a copy of processed form.*