

**Ford Grant Committee  
Request for Authority to Travel**

Traveler's Name \_\_\_\_\_ Dates of Trip \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

Purpose of Trip  
 and Points to be  
 Visited \_\_\_\_\_  
 \_\_\_\_\_

Car Rental  
 Explanation  
 (if needed) \_\_\_\_\_  
 \_\_\_\_\_

**Estimated Cost**

Car Rental	
Automobile	
Common Carrier	
Lodging	
Meals	
Registration Fees	
Other	
Total Estimated	

**Partial Payment Approval**

\$ \_\_\_\_\_ is the maximum  
 amount the committee will reimburse the traveler.

Agreed: \_\_\_\_\_  
Signature of Traveler

Traveler: \_\_\_\_\_ Date \_\_\_\_\_

Dr. Charles E. Jones \_\_\_\_\_ Date \_\_\_\_\_  
 Ford Grant Project Director: