

BTA Form #_____

Blanket Travel Authorization

		A BLANKET TRAVEL			
NAME:			DEPARTMENT:		
PURPC	DSE:				
BEGINNING DATE					
	Valid for one term or	nlyFall (Sept-Dec), Wint	er (Jan-Mar)	, Spring (Mar-June),	, Summer (June-Sept)
	ARY FOR SCHEDUL				
Date	From	То	Date	From	То
For infc	ormation on insurance	and liablity issues, conta	ct Departme	nt of Risk Managem	nent, 426-3610
(EMPLC	OYEE SIGNATURE)				
(EMPLC	OYEE SIGNATURE) al: I certify that these t	(DATE)	hat required t	funds are allotted fo	r these expenditures.
(EMPLC	OYEE SIGNATURE) al: I certify that these t	(DATE)	hat required t		r these expenditures.
(EMPLO Approva (DEPT. SECTIO	OYEE SIGNATURE) al: I certify that these t HEAD APPROVAL) DN 2: TRIP COST WC	(DATE) rips are necessary and t (DATE) ORKSHEET (optional)	hat required t	funds are allotted fo	r these expenditures.
(EMPLO Approva (DEPT. SECTIO	OYEE SIGNATURE) al: I certify that these t HEAD APPROVAL)	(DATE) rips are necessary and t (DATE) ORKSHEET (optional)	hat required t	funds are allotted fo	r these expenditures.
(EMPLC Approva (DEPT. SECTIC ANTICI	OYEE SIGNATURE) al: I certify that these t <u>HEAD APPROVAL)</u> DN 2: TRIP COST WC PATED TRIP COSTS	(DATE) rips are necessary and t (DATE) ORKSHEET (optional)	hat required t	funds are allotted fo	r these expenditures.
(EMPLC Approva (DEPT. SECTIC ANTICI Departr	OYEE SIGNATURE) al: I certify that these t <u>HEAD APPROVAL)</u> DN 2: TRIP COST WO PATED TRIP COSTS ment ID	(DATE) rips are necessary and t (DATE) ORKSHEET (optional)	hat required t	funds are allotted fo	r these expenditures.
(EMPLC Approva (DEPT. SECTIC ANTICI Departr	OYEE SIGNATURE) al: I certify that these t <u>HEAD APPROVAL)</u> DN 2: TRIP COST WC PATED TRIP COSTS	(DATE) rips are necessary and t (DATE) DRKSHEET (optional)	hat required t	funds are allotted fo	r these expenditures.
(EMPLC Approva (DEPT. SECTIC ANTICI Departr	OYEE SIGNATURE) al: I certify that these t <u>HEAD APPROVAL)</u> DN 2: TRIP COST WC PATED TRIP COSTS ment ID ment ID Meals	(DATE) Trips are necessary and the content of the	hat required t	funds are allotted fo	r these expenditures.
(EMPLC Approva (DEPT. SECTIC ANTICI Departr	OYEE SIGNATURE) al: I certify that these t HEAD APPROVAL) ON 2: TRIP COST WC PATED TRIP COSTS ment ID ment ID Meals Lodging	(DATE) rips are necessary and the content of the c	hat required t	funds are allotted fo	r these expenditures.
(EMPLO Approva (DEPT. SECTIO ANTICI Departr Mileage	OYEE SIGNATURE) al: I certify that these t HEAD APPROVAL) ON 2: TRIP COST WC PATED TRIP COSTS ment ID miles x \$0 Meals Lodging Other	(DATE) trips are necessary and the (DATE) DRKSHEET (optional) 0.455/mile: \$ \$ \$ \$ \$ \$ \$	hat required t	funds are allotted fo	r these expenditures.
(EMPLO Approva (DEPT. SECTIO ANTICI Departr Mileage	OYEE SIGNATURE) al: I certify that these t HEAD APPROVAL) ON 2: TRIP COST WC PATED TRIP COSTS ment ID ment ID Meals Lodging	(DATE) trips are necessary and the (DATE) DRKSHEET (optional) 0.455/mile: \$ \$ \$ \$ \$ \$ \$	hat required t	funds are allotted fo	r these expenditures.