THE NEW SCHOOL
A UNIVERSITY

Travel Authorization Form

	Fund	Org	Account	Program
Reservation # _____				

Total Amount of Itinerary $ _____ Ticket will not be issued without an authorized FOAP#

Department Head Signature _____ Date _____

Dean's/Budget Director Signature _____ Date _____

Sign authorization is required for ticketing. Once form is authorized, fax to Purchasing at **212-229-1827**

Traveler Information

Name of Traveler _____ Traveler Phone _____

Traveler E-mail _____ Traveler Arranger Name _____

Traveler Arranger Ph/Ext. _____ Traveler Arranger E-mail _____

Purpose of Trip _____

Reservation Information

Date of Travel _____ From _____ To _____

Date of Travel _____ From _____ To _____

Date of Travel _____ From _____ To _____

Air or Rail Reservation

Adhered to Policy? ☐ Yes ☐ No

Fare held USD _____ Lowest available fare USD _____

Reason higher rate selected _____

Hotel Reservations

Hotel	City	Arrival Date	Dep. Date	Rate Held	Lowest Avail. Rate

Adhered to Policy? ☐ Yes ☐ No Reason higher rate selected _____

Car Reservations

Pick-up City/Date	Drop-off CityDate	No. of Days		Daily Rate		Total Rental
			x		=	
			x		=	
			x		=	