



**Travel Information**

Traveler: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Travel Dates: \_\_\_\_\_

Destination: \_\_\_\_\_

Hotel # of nights: \_\_\_\_\_ Rental Car # of days: \_\_\_\_\_ Method of Travel: Air  Auto

Estimated, itemized cost: \_\_\_\_\_

Others to same destination: \_\_\_\_\_

Grant/Account Coding: \_\_\_\_\_

**Authorization – I hereby certify that travel as shown above is being incurred in connection with official business of CareerSource Broward as follows:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Vice President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

President/CEO Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Prior to making travel arrangements**, the *Travel Authorization Form* must be completed by the Traveler, signed, and approved by the appropriate Vice President and President/CEO.

**Upon return**, the completed *Travel Authorization Form* must be attached and submitted with a completed and signed *Travel Expense Form* within five (5) working days after travel in order to receive reimbursement.