

GEOLOGY
CENTRAL TRAVEL SYSTEM (CTS) AUTHORIZATION

Name of Traveler		Dates of Travel	From: To:
Destination		Purpose of Travel	
Airline		Price of Ticket	\$
Name of Travel Agency		Agency Fee	\$
Account to be Charged		Principal Investigator	
CERTIFICATION			
Traveler <i>I certify that this travel is for official University business.</i>	Authorization to Expend Funds from this Account <i>Sign and Print Name</i>	Department CTS Manager Susan Lopez	

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