

**Harvard School of Public Health
Department of Biostatistics**

Travel Authorization Form for Students and Post-Doctoral Fellows on Research Grants

Completed Travel Authorization forms must be submitted 3 business days prior to **registration deadlines or calling Harvard Travel**. Please include a print out of the agenda or screen shot of website showing conference dates with the Travel Authorization Form. Travel dates must match dates of conference/meeting. If your travel is before or after conference dates, you must receive pre-approval. If approved you must submit a check payable to Harvard University for the difference in fare before the ticket is approved. All travel must be booked through the Harvard Travel Center. They can be reached at 496-8000. Please inform them you are traveling with federal funds and need the lowest available fare. All international flights **MUST** depart on a US FLAG CARRIER. Helpful Hint: Use Orbitz or your favorite online travel site to find the itinerary and price that meets your needs first, and then ask Harvard Travel to quote that flight.
All lodging, meal and incidental receipts must be submitted to Judy Logan for reimbursement along with the Non Employee reimbursement form within 45 days of the last day of travel.

Name (as is appears on photo ID): _____ HUID: _____

Local Address: _____

Permanent Address (if different): _____

Name of Conference: _____

Location: _____

Are there any extra days added at beginning or end of conference?

Travel Dates: _____ Yes No

Conference Dates: _____ If yes, is there a Harvard business purpose? Yes No

a) If yes, please explain: _____

b) Extended Itinerary Departmental Approval: _____

Are you an invited speaker, presenter, or are you presenting a poster? Yes No

If yes, please provide title/topic of presentation & describe how it's directly related to the project being charged:

If no, please describe how your attendance is directly related to your work on the project being charged:

Name of Research Project: _____

Name of PI: _____

My travel includes the following pre-paid components:

Registration Fee: Yes No Amount: _____

If yes, please attach the completed registration form

Airfare: Yes No

Signature of Traveler: _____ Date: _____

PI Approval: _____ Date: _____

Financial Manager's approval: _____

Amount allocated for travel: _____

Fund No. to be charged: _____