



Baylor College of Medicine

PRE-TRIP AUTHORIZATION / APPROVAL FORM

This form is required for all Type 1 & 2 Cost Centers

This form must be completed, approved by immediate supervisor and submitted prior to the scheduled travel.

This form does not guarantee travel.

Please be sure to attach this form with your Travel Documentation

1 Travel Information

Today's Date: _____ ☐ Faculty ☐ Staff ☐ Resident ☐ Other

Traveler's Name: _____ BCM ID: _____ E-mail: _____

Trip Information

Event Name: _____

City: _____ State: _____ Country: _____

Business/Academic Purpose

Start Date: _____ End Date: _____ Number of day(s) absence _____ business days.

2 Estimated Trip Related Expenses

	BCM Expense			
	WBS	Cost Center	Bus. Area	Order
Airfare	_____	_____	_____	_____
Registration	_____	_____	_____	_____
Hotel	_____	_____	_____	_____
Meals	_____	_____	_____	_____
Other	_____	_____	_____	_____
Subtotal	_____	_____	_____	_____

3rd Party	
Airfare	_____
Registration	_____
Hotel	_____
Meals	_____
Other	_____
Subtotal	_____
Total Expenses	

3 Signatures

Traveler / Date

Chairman or Administrator / Date

Dean's Office / Date

President / Date

4 SAP Information (Obtain from Administrator)

SAP Trip Number: _____