



State University of New York  
**Upstate Medical University**

**DEPT. OF SURGERY AUTHORIZATION FOR NON-EMPLOYEE TRAVEL**

Name of Traveler: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ SS#: \_\_\_\_\_

Length of Stay: \_\_\_\_\_ Invited By: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

\_\_\_\_\_

Honorarium needed? Yes No Amount: \_\_\_\_\_

Transportation reservations needed? Yes No

Airline: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Hotel reservations needed? Yes No

Hotel name: \_\_\_\_\_ Confirmation#: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Expenses: Airfare: \_\_\_\_\_ Taxi: \_\_\_\_\_

Hotel: \_\_\_\_\_ Parking: \_\_\_\_\_

Dinner: \_\_\_\_\_ Misc: \_\_\_\_\_

Visit paid by: \_\_\_\_\_