

INSTRUCTIONS FOR COMPLETING THE AIR TRAVEL AUTHORIZATION (ATA) FORM

1. *Travel Agency Name*: The name of the travel agency used to purchase the ticket. The travel agency must be a university authorized/contracted agency. A list of authorized travel agencies is available on the following OU Purchasing website
<http://www.ou.edu/purchasing/contracts/services.html#business>
2. *Traveler's Name/Employee ID#*: The name of the traveler and his/her employee ID number
3. *Is the traveler a U.S. citizen or permanent resident alien?* If the traveler is a U.S. citizen or permanent resident alien (i.e., "green card holder"), check "yes". Otherwise, check "no" and complete an "Airfare Approval for Non-Citizens" form available on the Financial Services website under Forms & Tools. Submit the completed form to Service Unit Accounting. Once the form is approved and returned to you, airfare reservations can then be made.
4. *Departure/Return Dates*: (self-explanatory).
5. *Destination*: Please complete the city, state, and country traveling to.
6. *Purpose of Trip*: Provide a semi-detailed reason for the purpose of the trip (e.g., "to give a lecture on pulmonary edema at Georgetown University Medical School"). If the purpose of the trip is moving related, a "Moving Expense" form available on the Financial Services website under Forms & Tools must be completed and sent to Service Unit Accounting.
7. *Is there personal time being taken in conjunction with the business travel?* If personal time is being taken in conjunction with the business travel, it will be necessary to have the travel agency provide a cost comparison showing the cost of the airfare excluding any personal time/ destination(s) involved. The traveler is responsible for paying for any additional cost incurred resulting from the personal travel. This additional cost must be paid directly to the travel agency by the traveler – not billed to the University to be subsequently reimbursed by the traveler.
8. *Billing Information*: The PeopleSoft chartfield spread (i.e., cost center) to be used for payment of the airfare. In this regard, only the following GL Expense Accounts are available for use.
GL ACCOUNT will be as follows:
 - 701325 (domestic travel)
 - 702325 (foreign travel)
 - 703325 (domestic *trainee* travel)
 - 709325 (foreign *trainee* travel)
9. *Transaction Date/Amount*: (self-explanatory).
10. *Budget Approver Name/Signature*: This is the individual authorized to approve use of the funds for payment. Please note that a budget approver cannot approve his/her own travel.
11. *Department Coordinator Name/Extension Number*: This is the individual who completed the ATA that may be contacted for questions regarding the form.

AIR TRAVEL AUTHORIZATION (ATA)

The University of Oklahoma Health Sciences Center

This is your authorization to make the appropriate airline reservation(s) for the individual identified below. Reservations are to be made at the least airfare cost using the most direct route available; consistent with the traveler's business itinerary. Personal travel associated with the trip should **not** be charged to the University. This cost is the responsibility of the traveler. The department should complete this form in full prior to submitting it to the travel agency. Airfare charges not supported by an Air Travel Authorization Form (ATA) will be rejected.

IDENTIFICATION INFORMATION:

Travel Agency Name: _____

Traveler's Name: _____ Employee ID#: _____

Is the traveler a U.S. citizen or permanent resident alien (i.e., "green card holder")? YES NO*

*Note: If no, an *Airfare Approval for Non-Citizens* form available on the Financial Services website must be submitted to Service Unit Accounting (SUA) for approval prior to the purchase of an airline ticket.

TRAVEL INFORMATION:

Departure Date: _____ Return Date: _____

Destination: _____

Purpose of Trip** : _____

**Note: If the purpose of this trip is related to an employee move or for pre-move house hunting, an *Employee Moving Expense* form available on the Financial Services website must be submitted to SUA prior to travel.

Is there personal time being taken in conjunction with this business travel? YES¹ NO

¹If yes, has a cost comparison been obtained based upon the business itinerary only? YES NO

BILLING INFORMATION:

GL Account: _____ Fund: _____ Organization: _____

Program: _____ Sub-Class: _____ Budget Year: _____

Project/Grant***: _____

***Note: If paid from federal funds and traveling to a foreign destination via a foreign carrier, you must comply with the Fly America Act. The *Fly America Act Affidavit* available on the Financial Services website must be submitted to SUA prior to the purchase of an airline ticket. Please be sure to reference the ATA number on the affidavit.

Transaction Date (i.e., date the airfare reservation is made): _____

Transaction Amount: _____

Budget Approver Name: _____ Signature: _____

Dept Coordinator Name: _____ Extension: _____