P.O. Box 2 Green Bank, WV 24944-0002 304.456.2011

520 Edgemont Road

National Radio Astronomy Observatory

Associated Universities, Inc



Date Received by	Reservationist:

Date Prepared:

Charlott	Charlottesville, VA 22903-2475 434.296.0211								
Soco	P.O. Box O orro, NM 87801-0387 505.835.7000	TRAVEL AUTHORIZATION FORM			Account to be charged: (Required)				
V	a Costanera 4091, Of. 502 /itacura 7631097 Santiago, Chile -56(2)2210-9600					Employee Number: (Required)			
Name of Traveler						NRAO Telephone Number			
Itinerary: (Include personal travel associated with this trip) Purpose of Trip: (Be concise concerning activities planned and their relationship to approved programs or objectives.)									
i dipose d	. The concise (concerning	activities piarineu a	na treii reiatio	nisinp to ap	proved programs o	i Objectives.)		
Period of Business Travel	Begin on or A	bout:	End On or About:	Period of Vacation Travel	Begir	on or About:	End on or About:		
TRAVEL CONCERNS:				AUTHORIZATION FOR:					
Observatory Business Seminar or Training Moving Personnel Interview Scientific or Professional Meeting Observing Run / Data Reduction			Use of Private Automobile - Observatory's convenience Use of Private Automobile - Employee's convenience Use of Rental Car (compact) Use of Commercial Flight Other:						
	International Travel (se	ee Note 1)							
	High Altitude Physical				AUI? (If answ	h or transportation adv ver is "Yes", authorizat □ No	ance outstanding, or ion must be signed by an		
TRAVEL ADVANCE REQUEST			SIGNATURES						
A cash	advance of \$		is required	Traveler Approval (Supe	ervisor/Division	n Head)			
by (one week in advance of travel.)									
If advance is required earlier give expanation			Approval (Assistant Director)						
				Approval (Direc	ctor)				