



SAP TRAVEL MANAGEMENT AUTHORIZATION REQUEST

Personal details

Last name First name

Telephone number Uni username University email

Employer/institution

Request type/technical equipment

Applicant
Traveler
Travel authorizer/supervisor
Travel authorizer/resource manager
Travel assistance

Type of request
Initiation from to
Amendment by
Cancellation by
SAP username (if available)

Long-term travel authorization
(permitted only for professors)
Yes No
Office email for notification of work-related travel

Details of person responsible for cost assignment

COST CENTER / WSB ELEMENT	LAST NAME, FIRST NAME

Last name, first name Stamp and name and address of institution

Date Sign

Send via email to: travelmanagement@uni-hamburg.de
or via post to **Section 73: Category and Support Management Team (733), Mittelweg 124.**