

Request for University Travel Approval

*Form to be approved one month prior to travel date

| | | |
|---|--------------|-------------|
| Traveler Name _____ | EmplID _____ | Date _____ |
| Department _____ | Campus _____ | Ext # _____ |
| Conference Name _____ | | |
| Conference Purpose* _____ | | |
| _____ | | |
| _____ | | |
| *Attach documentation necessary to support travel & event information and pricing. | | |
| Destination _____ | | |
| Dates of Travel | From: _____ | To: _____ |
| Additional Information _____ | | |
| _____ | | |

Travel Type: _____ Academic _____ Non-Academic

| <u>Select reason(s) for travel (check all that apply):</u> | |
|--|-------------------------------|
| Athletics _____ | Fundraising/Development _____ |
| Recruitment _____ | Professional Conference _____ |
| Accreditation _____ | Research Conference _____ |
| Professional Development _____ | Other _____ |

| <u>For Academic Travel Only:</u> Please complete the following: | |
|---|-----------------------|
| Date of Conference: | From: _____ To: _____ |
| Are you presenting? | _____ Yes _____ No |
| Is there designated lodging? | _____ Yes _____ No |
| Is this travel grant funded? | _____ Yes _____ No |
| Classes to be missed: | _____ |
| Coverage plan: | _____ |

Estimated Expenses:

| | |
|------------------|-------|
| Registration Fee | _____ |
| Transportation | _____ |
| Lodging | _____ |
| Meals | _____ |
| Mileage/Tolls | _____ |
| Other | _____ |

TOTAL ESTIMATED EXPENSES

Total Travel Amount Approved
(For Completion by Finance Only)

**\$ _____

Signature _____

| | Fund | Op Unit | Department | Account | Estimated Amount |
|----------------------|------|---------|------------|---------|------------------|
| Chartfield(s) | | | | | |
| To be | | | | | |
| Charged | | | | | |

Total Amount Requested \$ _____

Signature of Employee: _____ Date: _____

Required Approvals:

Academic Travel:

| | |
|---------------------------|-------------|
| 1 - Supervisor/Dept. Head | Date: _____ |
| 2 - Dean/Director | Date: _____ |
| 3 - OSP (Grants Only) | Date: _____ |
| 4 - SVPAA | Date: _____ |
| 5 - Budgets | Date: _____ |

Note: Travel expenses incurred without prior approval in accordance with University policy may result in non-reimbursement of related charges