

Travel Request Approval Form

Name of person making request: _____ Date: _____

Department: _____

Purpose of trip: _____

Justification: _____

Organization sponsoring event: _____

Meeting is: Local Regional National International

Role at meeting/conference: _____

Destination: _____

Date of departure: _____ Date of return: _____

Classes and/or University responsibilities to be covered and by whom:

Estimated expenses:

- | | |
|---|-------|
| 1. Transportation (plane, personal car, etc.) | _____ |
| 2. Lodging | _____ |
| 3. Per diem | _____ |
| 4. Registration Fees | _____ |
| 5. Miscellaneous (parking, etc.) | _____ |
| 6. Total | _____ |

Source of funding: Department College Other

Account type: State % _____ Foundation % _____

Requestor's signature _____ Date _____

Approval recommendation: Approved Disapproved Amount \$ _____

Department Chair _____ Date _____

Supervisor/Director/College Dean _____ Date _____

Division Vice President _____ Date _____

Division Vice President's approval is required for travel exceeding a one-way distance of more than 100 miles and/or an overnight stay