

Biological Sciences Travel Request (Faculty & Staff)

- Forms must be submitted at least one week in advance.
- If grants are used, grant administrator will complete travel request.
- Only one form per travel date.
- Dates listed must be the travel dates.

Name: _____ UserID: _____ EmplID# _____
*login name for UTEP systems Not your 80 #

Check One: ☐ Attn Mtg/Conference, ect ☐ Fundraising ☐ Lecture/Teach Course ☐ Participate/Officiate Event ☐ Perform Research Activity ☐ Present Original Research Paper ☐ Prospective Employee ☐ Recruit Prosp Employee/Student ☐ Serve as Expert Witness ☐ Site/Field Visit

Location: _____ Airport: _____ Date From: _____ Date To: _____

Business in DC? ☐ Yes ☐ No If yes, state purpose: _____

Justification: _____

Check One: ☐ Enhance University Operations ☐ Enhance University Reputation ☐ Enhance grad/undergrad curriculum ☐ Enhance job duty performance ☐ Help meet contract provisions ☐ Help meet research objectives ☐ Raise faculty/student support funds

Check One: ☐ Duties assumed by colleagues ☐ Duties held until return ☐ Duties require travel ☐ No classes missed.

Was a state contracted travel agency used? ☐ Yes ☐ No If no, please explain: _____

Lodging: # of Nights: _____ Cost per night: _____ Total Lodging cost: _____ Meals: _____

Transportation: ☐ Air ☐ Car ☐ Other Total Transportation: _____

Conference Fee: _____ Miscellaneous: _____ Total Estimated Cost: _____

Cost Center/Account #: _____ Amount: _____

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Overage Charges Cost Center Account #: _____

☐ This trip is at no cost to the University.

International Travel Exception form completed? ☐ Yes ☐ No ☐ N/A

International SOS completed? ☐ Yes ☐ No ☐ N/A

Department Chair: ☐ Approve Trip ☐ Disapprove Trip Signature: _____

☐ I understand the department and university policies regarding travel. I have filled this form out completely and accurately, to the best of my knowledge.

Employee Initials

Department Preparer's Name and Initials

Date Received: _____ DTN: _____ TA# _____ Report ID _____