

## SoFT TRAVEL REQUEST APPROVAL FORM

### Request for Authorization to Travel on University Business

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Destination: City \_\_\_\_\_ State \_\_\_\_\_  
or Country \_\_\_\_\_

Conference/Meeting/Workshop name: \_\_\_\_\_

Description: *If applicable, please attach any fliers or brochures pertaining to the conference/meeting/workshop:*

\_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Planned Method of Transportation: \_\_\_\_\_

*If you are planning to request a university vehicle, copies must be submitted to department after obtaining approval for travel.*

**What is the Purpose of your Attendance?** *Check all that apply:*

Presenter-Accepted Publication ☐ Advisor-Student Organization ☐ Information-Industry Conference ☐

Presenter-Refereed Publication ☐ Member-Professional Organization ☐

Other *Please specify* \_\_\_\_\_

**Derived Benefit of Attendance** *Please provide as much detail as possible:*

\_\_\_\_\_

**Class Coverage** *Please indicate classes you will be missing and coverage plans for them:*

Class \_\_\_\_\_ Coverage \_\_\_\_\_

Class \_\_\_\_\_ Coverage \_\_\_\_\_

Class \_\_\_\_\_ Coverage \_\_\_\_\_

Class \_\_\_\_\_ Coverage \_\_\_\_\_

*Initials of Requestor:* \_\_\_\_\_ *Initials of Approver:* \_\_\_\_\_

## Soft TRAVEL REQUEST APPROVAL FORM

### Explanation of Anticipated Expenses and Funding Sources

#### Faculty-Estimated Cost

Registration \_\_\_\_\_

Transportation \_\_\_\_\_

Lodging \_\_\_\_\_

Meals \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Total** \_\_\_\_\_

#### Student-Estimated Cost *if applicable*

Registration \_\_\_\_\_

Transportation \_\_\_\_\_

Lodging \_\_\_\_\_

Meals \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Total** \_\_\_\_\_

#### Source of Funds *Check all that apply. Please provide the name or description of source, and Index if known.*

School Support ☐ Name \_\_\_\_\_ Index \_\_\_\_\_

Start-Up Funds ☐ Name \_\_\_\_\_ Index \_\_\_\_\_

Incentive Funds ☐ Name \_\_\_\_\_ Index \_\_\_\_\_

Research Sponsor ☐ Name \_\_\_\_\_ Index \_\_\_\_\_

Grant Sponsor ☐ Name \_\_\_\_\_ Index \_\_\_\_\_

Other Source(s) ☐ Name \_\_\_\_\_ Index \_\_\_\_\_

#### Signatures

Requestor \_\_\_\_\_ Date \_\_\_\_\_

#### Approved by

Program Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Please submit form to the School of Technology office **as soon as possible**.