

## 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**.