



Request for University Travel Approval

*Form to be approved one month prior to travel date

Traveler Name		EmplID		Date	
Department		Campus		Ext #	
Business Purpose					
Conference information					
Hotel Rate Information					
Other Relevant Information*					
<i>*Attach additional documentation as deemed necessary to support travel request</i>					
Destination					
Dates of Travel	From: _____			To: _____	
Description of Event					
Additional Information					

Travel Type: _____ Academic _____ Non-Academic

Select reason(s) for travel (check all that apply):											
Athletics Recruitment Accreditation Professional Development Fundraising/Development Professional Conference Research Conference Other _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>										

For Academic Travel Only, 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
**\$ _____
<i>Signature</i>

	<u>Fund</u>	<u>Op Unit</u>	<u>Department</u>	<u>Account</u>	<u>Estimated Amount</u>
Chartfield(s) } to be } Charged }					

Total Amount Requested **\$ _____
 **Total amount requested must equal approved amount above

Signature of Employee: _____ Date: _____

Required Approvals:

Academic Travel:	
Supervisor/Department Head	Date: _____
Dean/Director	Date: _____
SVPA	Date: _____
Budgets	Date: _____
VP for Finance	Date: _____

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