Travel Approval Form

Traveler Information

Name: _____ Job Title: _____

Email: _____ Department: _____

Travel Details

Destination: _____ Date(s) of Travel: _____

Purpose of Travel: _____

Estimated Expenses

Registration: $_____
Airline Ticket: $_____
Hotel: $_____
Ground Transportation: $_____
Meals: $_____
Other (specify): $_____
Details: _____

Total Estimated Expenses: $ _____

Budget Line(s) to be Charged: _____

Travel Justification:

Check off the one(s) that apply, then describe the need/benefit to the university:

☐ Professional Conference/Required for Professional Licensure: _____

☐ Required travel by granting agency (Provide specifics related to Grant. This choice will require signature by the Grants Office.) _____

☐ Recruitment Travel: _____

☐ Athletics Team Travel: _____

☐ Other, Please Explain: _____

What would the impact be for the university if this travel did not occur? _____

Signature of Requester: _____

Approvals

Department Head: _____ **Dean** (if Academic Travel): _____

Provost/Division Vice-President: _____ **Grants Office** (if applicable): _____