



Travel Approval Form

Name: _____

*All travel must be approved *prior* to the trip.

Destination: _____

To complete form, fill in all applicable tinted fields

Dates: _____ to _____

Scholar's Travel Application? Submitted Awarded Not Applicable

Purpose of Trip (Check all that apply and provide details)

Present paper/lecture/poster at professional or scientific meeting Invited Voluntary

Name of Meeting: _____

Attendance at professional or scientific meeting/conference for professional development

Name of Meeting: _____

Official University/College/Department representative at a function

Name of Function: _____

Purpose of Function: _____

Conducting research, obtaining data, or other research-related activities

Name of Research Project: _____

Description of Research: _____

Other Activities (Please describe below)

Source of Funding

State Research Grant Fundraising Gift Other

Account to be Charged

Fund Organization Program

Name: _____

Name: _____

*I certify that all information provided is correct, and have made arrangements to cover any missed classes.

Signature: _____ **Date:** _____

Faculty Advisor's Signature (If Student): _____ **Date:** _____

Departmental Approval: _____ **Date:** _____



Estimate of Expenses

Airfare		Unit Cost: _____	Total: _____
Lodging	# Nights: _____	Unit Cost: _____	Total: _____
Registration		Unit Cost: _____	Total: _____
Per Diem			
In-State	# Days: _____	Unit Cost: _____	Total: _____
Out of State	# Days: _____	Unit Cost: _____	Total: _____
Ground Transportation			
Mileage	# Miles: _____	Unit Cost: _____	Total: _____
Taxi/Shuttle	# Trips: _____	Unit Cost: _____	Total: _____
Other Expenses (please list below)			Total: _____
		Total Estimated Cost:	_____
		Scholar's Travel Support:	_____
		Other Support:	_____
		LER Expense:	_____

Other Expense Itemization

Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____
Description: _____	Total: _____