

REQUEST FOR APPROVAL OF ACADEMIC TRAVEL FOR WHICH REIMBURSEMENT OF EXPENSES WILL BE REQUESTED

(Submit thirty days prior to the date of attendance.)

SUBMIT THREE COPIES TO DEPARTMENT CHAIRPERSON

Name _____

Department _____ Date _____

Name of organization meeting _____

City & State where meeting is to be held _____

Date of meeting _____

Reasons for attendance _____

Offices held in organization _____

Participation in program _____

Mode of travel _____

Estimated reimbursable expenses: Transportation _____

Hotel _____

Meals _____

Registration _____

Miscellaneous _____

TOTAL _____

Approved for \$ _____

Department Chair or Dean**

Approved for \$ _____

Dean or Provost**

** Sign as Appropriate