

INCLUDE THIS APPROVED FORM WITH ANY TRAVEL REIMBURSEMENT REQUEST

Traveler name: _____ UIN: _____

Supervisor: _____ Destination (city/state): _____

Estimated departure: Date (MM/DD/YY): _____ Time (HH:MM): _____ AM PM

Estimated return: Date (MM/DD/YY): _____ Time (HH:MM): _____ AM PM

PURPOSE OF TRIP (check all that apply and provide details)

Present paper/lecture/poster at professional or scientific meeting

Name of meeting: _____

Title of presentation: _____

Attend conference for professional development—title of conference: _____

NOTE: Not available to students.

Official University/College/Department representative at function

Name of function: _____

Collaborate with colleagues at another institution—name of institution: _____

Conduct research; obtain data; other

Research project description: _____

Conduct public service activity—describe: _____

Paid consulting—name of organization & personal contact: _____

Unpaid consulting—name of organization & personal contact: _____

Call on prospective donors/sponsors of projects/programs

Name of contact(s) & institution: _____

Seek information from/provide information to peer institution

Name of contact(s) & institution: _____

Recruit faculty

Recruit students

ACCOUNT NUMBER CHARGED

Fund	Organization	Program	Activity (optional)

Source of funds (check all that apply):

State/ICR

Grant

Federal Hatch/McIntire-Stennis/Smith-Lever

Gift

I will not miss any classes

I do not plan to teach the following classes:

Course & section	Date & time	Arrangements

I have made all necessary arrangements to meet my teaching and research obligations during my absence.

Traveler signature: _____ Date: _____

If student, supervisor's or faculty advisor's signature: _____ **MAIN OFFICE: copy to Clery Liaison**

Departmental Approval: _____ Date: _____

International travel only: College Approval: _____ Date: _____

COMMENTS: