a Inst ech gy

All travel arrangements must be approved by all levels of management no less than 10 business days prior to committing university funds. Traveler agrees to submit a complete travel expense report within 10 business days for domestic and 15 business days for international after completion of travel. Travel related to Sponsored Programs must also be approved in advance.

NOTE: Failure to adhere to this procedure may result in denial of travel.

Name				Date			
Cell Phone	i						
Department							
Purpose of Trip							
DAY/DATE	AY/DATE CITY/CO		DUNTRY HOTEL/TELEPHONE		LEPHONE		
Depart							
Return	_ Round Trip 📮 Y	es 🗅 No					
Multiple Trip Information*							
: (a a	••()	1 11 1 1 1	1 1	a : \$1	t y t	*	
Regular university responsibil	ities (courses) missed	during trip will be	covered by				
INDEX (,)		SIGNATURE				DATE	
TRAVEL BUDGET		Traveler					
Transportation:	;	Department Hea	ad/PI				
Rental Car	;	Dean/Vice Presid	dent				
Taxi/Shuttle Service		Sponsored Prog	jrams (space))			
Lodging	;	Risk Manager (:)			
Meals	;	Research Compl	liance (:)			
Registration Fee	;	(Internationa	al Travel Only)	ef with the Director of F			
Other/Tips \$;	-	·		Date		
ESTIMATED TRIP TOTAL	i	Is this travel related to controlled/restricted research? Will you be carrying any information that is controlled or restricted? Are you planning on bringing specialized equipment				□ Yes □ Yes	
		(lab equipme	ent, tools, etc.)?			Yes	🖵 No

Senior Vice President _____

A copy of the approved itinerary should be returned to traveler for submission with expense report.