

Pre-Travel Authorization

All University travel across all funding sources requires supervisory and funding administrator approval prior to confirming travel arrangements. This form must be completed prior to confirming travel arrangements when the travel is overnight or out of state. To the extent that funds are available, travel funds will be provided to support the participation of full-time staff members in order to attend professional conferences and to present. The staff member will be reimbursed for the most reasonable and economical transportation costs available, as well as reasonable lodging, food costs, and registration fees.

EMPLOYEE: _____ **TITLE:** _____
(Last) (First)

EMPLOYEE M# _____ **DEPT:** _____

DESTINATION: _____

DATE OF DEPARTURE: _____ **DATE OF RETURN:** _____

PURPOSE OF TRIP: _____

OTHER COMMENTS: (Importance of trip/consequences if not funded, coverage of duties while absent, etc.)

ESTIMATED COST: \$ _____

FUNDING SOURCES/FULL EMPLOYER (Budget #) _____

Employee's Signature _____ *Phone number* _____ *Immediate Supervisor's or Authorized Designee Signature*

Date _____ *Print Name*

Title _____ *Date*

FUNDING APPROVAL (if different from supervisor and required by the area):

Fund Administrator's Approval _____ **Date**

Print Name