



TRAVEL FUNDING REQUEST FORM

Name: _____ Request Date: _____

Depart Date: _____ Return Date: _____ Total # of Travel Days: _____

Request Prepared by: _____

Speaking / Presenting

Administrative / Committee Function

Education

Name of Meeting: _____

Title of Presentation (if applicable): _____

Location: _____

Estimated Travel Costs: _____

Amount Requested from Department: _____

Supporting Documentation:

- + Meeting program or other evidence of activity is required
- + If travel does not meet eligibility criteria, please attach justification

Please note: final approval for travel is dependent upon the OR Schedule

AUTHORIZED SIGNATURES:

_____ Date: _____

_____ Date: _____

TRAVEL COSTS TO BE PAID BY: T&E DEPT OTHER: _____