Get pre-approval for any <u>overnight travel</u> and/or for any travel that will <u>cause you to miss a class</u>.



## **Travel Pre-Approval Form**

Submit at least 30 days prior to travel

Name		
ID #		
TRIP INFORM	IATION	
Destination		
Travel Dates: from		to
Reason for the t	rip	
This trip will NOT be paid for by Andrews University.		
SUMMARY OF ANDREWS-FUNDED EXPENSES		
Air Travel	\$	Further Clarification (as needed)
Ground Travel	\$	
Lodging	\$	
Per Diem	\$	
Other	\$	
Total	\$	
I'm requesting a travel advance of \$		for prepaid expenses (conf registration, air ticket, etc.)
Account numbe	r these expenses will be	charged to (REQUIRED)
This travel will NOT affect my classes.		
This travel WILL affect my classes. I have discussed this with my supervisor and have made satisfactory arrangements to cover my classes.		
TRIP APPROV	AL	
Department Chai	ir	Date
CAS Dean		Date
TTACH THE AP	PROVED COPY OF TH	IS FORM TO YOUR EXPENSE REPORT AFTER THE TRIP