

Travel Pre-Approval Form

Please submit form a minimum of 45 days prior to travel.

Today's Date:	Name:
TRIP INFORMATION	ID #:
Destination of Trip:	
Travel Dates:	to
Reason for the trip:	
SUMMARY OF EXPENSES:	Trip Budget Covered by:
Air Travel:	
Ground Travel:	Further clarification (as needed):
Lodging:	
Per Diem:	
Other:	
Total:	I have discussed this trip with the professor and satisfactory arrangements have been made to cover his/her classes.
	☐ No classes will be affected by this trip.
	Department Chairs' Signature Date
	for prepaid expenses (e.g., airline ticket).
	Note: If you have taken an advance for this trip, remember to include the Advance form with your expence report.
OFFICE USE ONLY	
Account Description:	
Account No.:	
Notes:	
Dean's Signature:	Date: