Request for Approval of Travel Outside the Boundaries of the United States and its Territories

(PLEASE TYPE)

Institution: _____

Traveler: _____

Department: _____

Mailing Address: _____

Telephone: _____ Date of Request: _____

Travel Dates: Beginning: _____ Ending: _____

Destination & Travel Route: _____

_____

_____

Purpose & Justification: _____

_____

_____

_____

_____

_____

Estimate of Costs: _____

Source of Funds: $_____ State Funds
$_____ Non-State
$_____ (specify)

Fund/Fund Detail Code (State Fund):
_____ $_____
_____ $_____
_____ $_____

Fund/Fund Detail Code (NON-STATE):
_____ $_____
_____ $_____
_____ $_____

Recommended Approval: Funds are available, approved, and budgeted in the accounts that will be charged. I hereby recommend that the traveler be reimbursed for foreign travel expenses up to the amount indicated as this trip is necessary and in the best interest of the Department/School.

_____ _____ _____ _____
Date Department Chair Date Dean

_____ _____ _____ _____
Date Provost Date President

A COPY OF THE APPROVED REQUEST SHOULD BE ATTACHED TO THE TRAVEL REIMBURSEMENT FORMS WHICH GO TO THE COMPTROLLER'S OFFICE FOR PAYMENT.