

**This form is provided for departmental use only.
Do not forward this form to the Travel Office.**

Name of Traveler	Contact Name	Contact Phone
Destination City, State	Employee ID	Date of Preparation
Date of Departure	Date of Return	Funding Department
		Department Address

Travel is on University related business and is for the purpose of (must be project related if charged to federal award):

If at University expense, please state the Master File Key to which expenses will be charged:

Fund	Org	Dept	Subdept	Grant/Program	IAcct	OAcct	DAct	Fn	CTTR	Amount

If not at University expense, specify source of funds: _____

The University seeks to provide accommodations for individuals with disabilities. If you are an individual with a disability traveling on University related business and require special travel accommodations, contact the University Travel Office (335-0114) in advance of travel to determine what accommodations can be made and which accommodations require prior authorization in order to be reimbursable.

Special accommodations required: No Yes Please Explain: _____

REQUIRED SIGNATURES:

Traveler Signature Date

APPROVED:

Department Head Name Department Head Signature Date

Dean or Administrative Officer Name Dean or Administrative Officer Signature Date