

REQUEST FOR TRAVEL APPROVAL
DEPARTMENT OF MATHEMATICS

NAME: _____ SS NUMBER: _____

DESTINATION: _____
(University/College)

_____ U.S. Citizen or Green Card holder? Yes _____ No _____
(City, State, Country)

DATE LEAVING: _____
(MM/DD/YY)

DATE RETURNING: _____
(MM/DD/YY)

PURPOSE OF TRIP:

CONFERENCE: _____

PRESENTING A PAPER: YES NO INVITED

OTHER: _____

NO FUNDS REQUESTED; INSURANCE PURPOSES ONLY:

FUNDS REQUESTED:

AIRFARE	\$
GROUND TRAVEL	\$
MEALS	\$
ROOM	\$
REGISTRATION	\$

PERSONAL VEHICLE	\$
MILES: _____ x \$ 0.505	\$
NUMBER OF PASSENGERS	
PARKING	\$
OTHER (list)	\$
HONORARIUM (specify fund number)	\$

TOTAL FUNDS REQUESTED: \$ _____ FUND NUMBER(S): _____

BUSINESS MANAGER APPROVAL OF FUNDS: _____

CLASSES MISSED:
HOW CLASSES COVERED: (GIVE NAME OF PERSON COVERING CLASSES)
SIGNATURE: _____ DATE: _____
CHAIRMAN APPROVAL: _____ DATE: _____