

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: