REQUEST FOR TRAVEL APPROVAL
DEPARTMENT OF MATHEMATICS

NAME: ___________________________________ VIP NUMBER: ____________________

DESTINATION: ________________________________________________________________

______________________________________________________________

(City, State, Country)

DATE LEAVING: ________________ DATE RETURNING: ________________

(MM/DD/YY) (MM/DD/YY)

PURPOSE OF TRIP:

CONFERENCE: ________________________________________________________________

PRESENTING A PAPER: YES ☐ NO ☐ INVITED ☐

OTHER: _________________________________________________________________

NO FUNDS REQUESTED; INSURANCE PURPOSES ONLY: ☐ ☐ ☐

Funds Requested:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIRFARE</td>
<td>$</td>
</tr>
<tr>
<td>GROUND TRAVEL</td>
<td>$</td>
</tr>
<tr>
<td>MEALS</td>
<td>$</td>
</tr>
<tr>
<td>ROOM</td>
<td>$</td>
</tr>
<tr>
<td>REGISTRATION</td>
<td>$</td>
</tr>
</tbody>
</table>

PERSONAL VEHICLE

MILES: _______ X $ 0.54

$ 

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: ______________________