

Request for Prior Approval of International Travel

Name _____ Title _____ Date _____

Office Address _____

Office Phone _____ Fax _____ Email _____

Description of the trip (travelers, destination and dates):

Purpose of proposed travel (e.g., anticipated results, relevance of trip to mission of your unit and of the University):

Name of person(s) who will cover your duties during your travel:

Estimated cost of the trip and source(s) of funding:

ITEM	State Funds	Foundation Funds	Government Funds	Other	TOTALS
Transportation					0.00
Lodging/meals					0.00
Other					0.00
TOTALS	0.00	0.00	0.00	0.00	0.00

Action taken: Approved Not Approved

Department Chair/Director

Dean

An approved copy must accompany request for reimbursement.

Date