



## **FACULTY / STUDENT TRAVEL AUTHORIZATION FORM**

Submit form to your department	t/program Finance Contact		
Traveler's Name:	Ema	Email:	
Home Department:		Interdisciplinary Program:	
Requests travel reimbursement in	n connection with the following	g activity:	
Present Paper (give title) Serve on Panel (identify)		Attend Conference (ide	entify)
Details:			
at	from _	to	
(city)	(state)	(dates)	
Estimated costs		Proposed sources of funding	
Registration fee		Home Dept.	
Personal auto @ Current Rate		Acct#Authorized approval	
*Air (economy rate)		Interdisciplinary Program	\$
*Room:		Acct#	
*Meals:	<del></del>	Authorized approval	
*Other:	<del></del>	Advisor	
Total:	<del></del>	Acct#Authorized approval	
Fotal Requested:		College of Arts and Sciences Acct#_ Authorized approval	\$
		Other Acct#_ Authorized approval	\$
agree to submit a travel expense report within 30 days of my travel.		Total	\$
Signature of Traveler)	(date)		
		CARD. See: www.ohio.edu/cas/dean/supporral travel information including the Ohio Univ	
***NOTE: TRAVELER MUST SUBMIT	T TRAVEL EXPENSE REPORT WITH	IN 30 DAYS OF RETURN IN ORDER TO RECEIV	/E APPROVED FUNDING
Approved for reimbursement withi	in College guidelines		
Deans Office. Arts & Sciences)		 (date)	