

DEPARTMENT OF MATHEMATICS TRAVEL APPROVAL FORM

Please complete all of page 1 and "expenses" on page 2 through Misc. For questions, contact Travel Staff or Budget Manager

Name: _____ Date Submitted _____

Employee ID#: _____
(Required for travel reimbursement)

Destination(s): _____ Travel Dates: _____

NATURE OF PROFESSIONAL ACTIVITY

1. **Conference Participation** (*NOTE: Must submit a conference brochure showing the agenda, conference dates and any meals/banquets/hosted events as part of the conference.*)

Name of conference: _____ Location and dates: _____
(No acronyms!)

- Attending
 Presenting Paper - Title: _____
 Other (specify): _____

2. **Other** (*Provide business purpose: start and end date(s), location, names and affiliations of individuals consulted, or institutions visited, description of activity, and benefit to university. May need to be clarified upon return for reimbursement purposes.*)

TRAVEL INFORMATION

1. **Will you travel while on sabbatical or another type of leave?**

No Yes. (*I have attached an approved Sabbatical Travel Approval Request form.*)

2. **Will you combine business and personal travel on this trip?**

No Yes. (*I have provided a quote from one of the three contracted agencies showing the cost of the business travel portion only at the time of ticket purchase.*)

3. **Mode of Main Transportation: (NOTE: Mode of transportation should be the most economical one suitable for the purpose of the trip.)**

- a. **Air Transportation (coach/economy, no first class)**

Ticketing Date: _____ Requisition # (staff will assign): _____

- Contracted travel agency/agent's name: _____
 Away/Azumano (687-2250) Ambassador (686-1234) Premier (747-0909)

- Other/Agent's name (if available) and name of agency, or airline, or internet service:

Agency Internet travel service Commercial airline

- b. **Other** (*NOTE: If you are traveling out of state on routes served by common air carriers but using other than air transportation, an airfare quote for the same itinerary must be obtained from one of the three contracted travel agencies. Reimbursement will be for the least expensive means of transportation taking into consideration cost of conventional terminal transportation.*)

- Personal Vehicle
 Rental Car (*must be economy unless 3 or more travel together*)
 Agency name: _____ (*NOTE: Limited Damage Waiver (LDW) is required for all car rentals except if using state agreement with Enterprise.*)
 Other (specify): _____

EXPENSE AND FUNDING INFORMATION

Expenses (estimates where necessary)		Funding Sources	Index/ Activity	Account Code	Amount
Airfare/Train		Department Allocation			
Mileage _____ mi. @\$.445/mi:		ASA / ASA Match			
Ground Travel (shuttle, taxi, etc.) <i>(Receipts required if over \$75, no reimbursements for tips)</i>		Research Funds			
Registration Fee		Other Academic Dept.			
Miscellaneous (parking, phone etc.) <i>Receipts req. if over \$25</i>					
Meals* (complete itinerary below)					
Lodging* (see below)		Other Funds (specify)			
Total:		Total (must match expense total)			
Budget Manager - Availability of Funds Verified					

* If claiming Lodging or Meals please complete itinerary below. (NOTE: If not claiming standard per diem lodging rate, upon return you must present a hotel receipt with your name, dates of occupancy, and a zero due balance amount for reimbursement.)

Itinerary:

Dates	Hour of Dept.	Hour of Arriv	Destination	Meals P Diem Rate	Lodge P Diem Rate	Brkfst	Lunch	Dinner or Day	Lodge	Conf Hotel
TOTALS										

Meal and Lodging Rates Vary – travel staff will enter current rates
Foreign rates vary by location for both meals & lodging – staff will enter

If conference hotel, use conference hotel rate.

Calculation Comments: _____

TRAVELER'S SIGNATURE _____ Date _____

DEPT. HEAD'S APPROVAL _____ Date _____