

DEPARTMENT OF MATHEMATICS TRAVEL APPROVAL FORM
Please complete all of page 1 and indicate which expenses & funding on page 2

Date Submitted: _____

Name: _____ Employee ID#: _____

Destination(s): _____

Date leaving Eugene: _____ Date return to Eugene: _____

Research/Collaboration/Other (explain business purpose: start and end date(s), location, names and affiliations of individuals consulted, institutions visited, description of activity, and benefit to university.)

1. Location: _____ Date of Arrival: _____ Date of Departure: _____

Collaborator/Conference Name: _____

Research Topic/Conference Website: _____

If attending a Conference, were you: Attending Speaking

Additional Information:

2. Location: _____ Date of Arrival: _____ Date of Departure: _____

Collaborator/Conference Name: _____

Research Topic/Conference Website: _____

If attending a Conference, were you: Attending Speaking

Additional Information:

3. Location: _____ Date of Arrival: _____ Date of Departure: _____

Collaborator/Conference Name: _____

Research Topic/Conference Website: _____

If attending a Conference, were you: Attending Speaking

Additional Information:

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

No Yes (*if yes, I have attached an approved **Sabbatical Travel Approval Request** form*)

Will you combine business and personal travel on this trip?

No Yes (*if yes, I have provided a search grid showing multiple airlines with prices for business only portion; printed for same dates/times of ticket purchase – like Orbitz*)

Additional Comments:

✓ items request- ing	Expenses <i>(to be completed by account coord.)</i>		✓ funds to be used	Funding Sources	Index	Activity	Amount
	Airfare			ASA Funds			
	Train			Grant Funds			
	Other Ground Travel - shuttle, taxi, etc. (Receipts required if \$75 or over, no reimbursements for tips)			Other Faculty Funds (Specify) _____			
	Registration Fee			Travel Committee Funds			
	Mileage _____ mi. @ \$.535/mile			Other Funds (specify) _____ _____ _____			
	Miscellaneous parking, phone, Internet, etc. <i>(Receipts req. if \$25 or over)</i>						
	Meal per diem B/L _____ D _____						
	Lodging per diem						
	SUBTOTAL:						
	Less (ex: reimbursement, host pay, etc.) explain in comments						
	TOTAL EXPENSES:			TOTAL FUNDING:			
Budget Manager Availability of Funds Verified							

** If driving, please indicate time you expect to leave Eugene _____ and the time you anticipate arriving back in Eugene: _____

TRAVELER'S SIGNATURE: _____ Date: _____

DEPT. HEAD'S APPROVAL: _____ Date: _____