

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: _____