

# PRE-APPROVAL TRAVEL FORM

TRAVELER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DETAILED DESCRIPTION AND PURPOSE OF TRAVEL:

\_\_\_\_\_

\_\_\_\_\_

TRAVEL DESTINATION: \_\_\_\_\_

CONFERENCE: Yes or No  
 (If yes, attach conference brochure)

DEPARTURE DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

GENERAL LEDGER STRING AND PROJECT:

Unit	Division	Organization	Location	Fund Type	Business Line
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Number	Task Number
<input type="text"/>	<input type="text"/>

TRAVEL - ou@ u-) - Ch- Vo- o:

Airfare	\$ _____
Conference Registration *	\$ _____
Hotel	\$ _____
Car Rental	\$ _____
Parking	\$ _____
Meals	\$ _____
Total	\$ _____

(\* Provide copy of conference brochure)

SIGNATURES:

X \_\_\_\_\_

Traveler Name & Signature

DATE \_\_\_\_\_

Grant Accounting Name & Signature

x \_\_\_\_\_

Department Head, Director Dean Name & Signature

DATE \_\_\_\_\_

FASC Business Manager Name & Signature