This form is to be filed in the Department. Please print or type the following information:

Date of Request __________________________

Traveler’s Name ____________________________________________

Destination(s) ____________________________________________

Date of Departure __________________________

Duration of Trip (days) __________

Amount of Request __________________________

Source of Funding ____________________________________________

Purpose of Trip (i.e. name(s) of event(s), etc.)

Coverage of Classes and/or Other Duties

Traveler’s Signature: __________________________

Department Approval: __________________________

Name __________________________ Date __________________________

Department Head __________________________ Date __________________________