

**TRAVEL REQUESTS
COLLEGE OF ARTS AND SCIENCES**

REQUEST FORM/PROCESSING FORM

Note: Please submit close approximations or exact figures.

Faculty Name _____

Name of Conference _____

Location _____ **Dates** _____

Status: Submitted _____ (exact amounts) **Anticipated** _____ (estimated expenses)

TRANSPORTATION _____

ACCOMMODATIONS _____

REGISTRATION _____

MEALS _____ (not to exceed the *per diem* for that location)

OTHER _____

TOTAL: _____

SIGNATURE _____

Approval: CHAIR _____ **AMOUNT** _____

DEAN _____ **AMOUNT** _____

AFTER CONFERENCE, you must submit accurate receipts for reimbursement. Amounts over that approved will not be covered.