

2010-2011 FACULTY & STAFF TRAVEL AUTHORIZATION REQUEST FORM

Department: _____ Name : _____ Title: _____

Requests travel reimbursement in connection with the following activity (check all that apply and provide details):

_____ Present Paper (give title & specify event/conference) _____ Attend Conference (identify)
 _____ Serve on Panel (give title & identify event) _____ Other (please specify)

at _____ from _____ to _____
 (city) (state) (dates)

Class times missed: _____ YES _____ NO
 If YES, how will classes be covered during absence? _____

Estimated costs: _____ Requested Funding: _____

NOTE: THERE ARE NO A&S DEAN'S OFFICE FACULTY TRAVEL FUNDS AVAILABLE THIS YEAR.

Registration fee :	\$ _____	Department	\$ _____
Personal auto @ \$.51 per mile:	\$ _____	Personal	\$ _____
*Air (economy rate):	\$ _____	Other (specify source)	\$ _____
University-owned vehicle:	\$ _____	Total:	\$ _____
Room:	\$ _____	*** I AGREE TO SUBMIT A TRAVEL EXPENSE REPORT WITHIN 30 DAYS OF MY RETURN.	
*Meals:	\$ _____		
Misc. (parking, taxi, etc.):	\$ _____		
Total Requested:	\$ _____	_____	_____
		(Signature of Traveler)	(Date)

*Note: **AIRFARE MUST BE PURCHASED BY UNIVERSITY PURCHASING CARD.** See: <http://www.ohio.edu/finance/travel/index.cfm> for current meal/incidentals per diem rates, mileage allowances and general travel information including the Ohio University travel policy.

DEPARTMENTAL CHAIR USE ONLY:	
TOTAL FUNDS PROPOSED: \$ _____	
\$ _____ DEPARTMENT TRAVEL	
\$ _____ OTHER (specify source— NOT A&S Dean's office)	

(Signature of Department Chair)	(Date)

DEAN'S OFFICE USE ONLY:	
\$ _____ CHAIRS TRAVEL FUND (for department chairs only)	
\$ _____ RESEARCH INCENTIVE (per Assoc. Dean Howard Dewald, on a case-by-case basis) _____	
	(Initials) (Date)
\$ _____ OTHER (specify source)	

*****NOTE: TRAVELER MUST SUBMIT TRAVEL EXPENSE REPORT WITHIN 30 DAYS OF RETURN IN ORDER TO RECEIVE APPROVED DEAN'S OFFICE FUNDS.**

APPROVED FOR REIMBURSEMENT WITHIN COLLEGE GUIDELINES