

FACULTY & STAFF TRAVEL AUTHORIZATION REQUEST FORM

Department: _____ Traveler's Name: _____

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

_____ 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:

Registration fee :	\$ _____	Department	\$ _____
Personal auto @ \$.55 per mile:	\$ _____	Personal	\$ _____
*Air (economy rate):	\$ _____	Other	\$ _____
University-owned vehicle:	\$ _____	Total:	\$ _____
Room:	\$ _____		
*Meals:	\$ _____		
Misc. (parking, taxi, etc.):	\$ _____		
Total Requested:	\$ _____		

**I AGREE TO SUBMIT A TRAVEL EXPENSE
 REPORT WITHIN 30 DAYS OF MY RETURN.**

 (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

\$ _____ A&S DEAN'S OFFICE (SUBJECT TO APPROVAL OF BUDGET UNIT MANAGER)

\$ _____ OTHER (specify source)

 (Signature of Department Chair) (Date)

DEAN'S OFFICE USE ONLY:

***A&S FUNDING APPROVED: \$ _____

\$ _____ FACULTY/CHAIR TRAVEL

\$ _____ RESEARCH INCENTIVE

\$ _____ TECHNOLOGY FUNDS

\$ _____ A&S DISCRETIONARY

\$ _____

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

APPROVED FOR REIMBURSEMENT WITHIN COLLEGE GUIDELINES