

STUDENT TRAVEL AUTHORIZATION REQUEST FORM

Department: _____

Traveler's Name: _____

____ Graduate Student ____ Undergraduate Student

Requests travel reimbursement in connection with the following activity:

_____ Present Paper (give title)
_____ Serve on Panel (identify)

_____ Attend Conference (identify)
_____ Other (please specify)

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

Estimated costs

Proposed sources of funding

Registration fee _____
Personal auto @ \$.51 per mile _____
*Air (economy rate) _____
University-owned vehicle _____
*Room: _____
*Meals: _____
Total: _____

Department _____
Personal _____
Other (specify) _____
Total _____

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

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)

(Signature of Department Chair) (Date)

*****NOTE: TRAVELER MUST SUBMIT TRAVEL EXPENSE REPORT WITHIN 30 DAYS OF RETURN IN ORDER TO RECEIVE APPROVED FUNDING.**

APPROVED FOR REIMBURSEMENT WITHIN COLLEGE GUIDELINES