



College of Health Sciences Travel Approval Form

Traveler's Name

Date

EVENT INFORMATION

Faculty

Staff

Student

| | | | |
|----------------|---------------------------------|-----|----|
| Title of Event | Purpose of the travel | | |
| Dates of Event | Is personal travel included? | Yes | No |
| Event Location | Please explain personal travel: | | |

****Any travel including personal travel must be purchased by the traveler and can be reimbursed for the business portion of the trip****

| | | | | |
|--|---------------------|---------------------|-----------------|----------|
| Event Registration | Estimated Amount \$ | To be completed by | Business Office | Traveler |
| Website | | Early bird deadline | | |
| Login Username | | Log in Password | | |
| Conference agenda must be provided upon your return. | | | | |

| | | | | | |
|--|---------------------|--------------------|--------------------|----------|--------------------|
| Hotel | Estimated Amount \$ | To be completed by | Business Office | Traveler | |
| Check in | Check out | Bed Preference | King | Double | Any |
| Sharing Room | Yes | No | UK | NON-UK | Sharing with whom? |
| Confirmation # | Rewards # | | | | |
| Hotel detail in order of preference | | | | | |
| 1 Hotel Name | | | 1 Phone #/Website | | |
| 2 Hotel Name | | | 2 Phone #/ Website | | |
| 3 Hotel Name | | | 3 Phone #/Website | | |

| | | | | | |
|---------------------------|---------------------|---|--|--|--|
| Air Fare | Estimated Amount \$ | BUSINESS OFFICE MUST CREATE A COST COMPARISON IF YOU BUY YOUR OWN TICKET | | | |
| Departure Date | Departure Time | Preferred Airline | | | |
| Return Date | Return Time | Rewards number | | | |
| PREFERRED FLIGHTS: | | | | | |

| | | | | |
|-----------------------|---------------------|--|-----------------|----------|
| Other Expenses | Estimated Amount \$ | To be completed by | Business Office | Traveler |
| Per Diem \$ | | Miscellaneous \$ | | |
| Rental Car \$ | | Number of Miles | | |
| Baggage \$ | | (Attach MapQuest or Google Maps with to and from addresses) | | |

| ACCOUNT NUMBER | ESTIMATED AMOUNT \$ |
|----------------|---------------------|
| | \$ |
| | \$ |
| | \$ |

Traveler Signature _____ Date _____

College Approval _____ Date _____ Supervisor Signature _____ Date _____

GRANT FUNDING ONLY

PI Approval Signature (Grants only) _____ Date _____

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|---|
| Benefit to the project: (REQUIRED) This statement certifies that the Principle Invesitgator has verified this travel and it is directly related to the scientific aims and/or the research strategy of this project. |
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