

# Travel Pre-Approval Form

Dates of Travel: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_

Department/School: \_\_\_\_\_

Approximate Amount: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose/Justification (Over \$500 only):

Account#(s) to be paid from: \_\_\_\_\_

(Specify State, IFR, SUTRA, IDC, Royalty, SBF, etc... \*CPMP excluded)

**Approved**

**Denied**

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice President**

\_\_\_\_\_  
**Date**

If approved, please include a copy of this form with the travel reimbursement. Reimbursement **will not** be processed unless this form is approved prior to travel arrangements.