

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.