



Dean's Suite

TRAVEL PRE-APPROVAL FORM

Dates of Travel: _____

Name of Traveler: _____

Department/School: _____

Approximate Amount: _____

Destination: _____

Purpose/Justification: _____

Account to be paid from: _____

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

 **Approved**

 **Denied**

Supervisor

Date

Respective Associate/Vice Dean

Date

John H. Riley, Jr
Associate Vice President, HS Finance & Administration
Vice Dean, SOM Finance & Administration

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.