

# 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

\_\_\_\_\_  
Dean or Department Chair

\_\_\_\_\_  
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.

