Department Travel Request Form

Policy Statement

All Research Associates, PostDocs, and Grad Student must have approval for all travel PRIOR to travel dates. All airline travel MUST be paid via the department CTA account. See P&A office for details.

APPLICATION	-		
Name of Requester:			
Date of Request	Supervisor		
Name of Conference/Professional Meeting:	:		
Dates of Conference: From	То		
Location: City	Country		
Purpose of attendance:			
Attach to this application: (1) Description of Conference/Professional Meeting; (2) estimated costs.			
FUNDS REQUESTED			
	requesting \$ to travel from (city of departure) to (city and country of destination) and return, and to attend the above named		
conference/meeting per the attached itinera	ary.	a to attend the above h	umed
Requester Signature		Date	
APPROVED BUDGET #		DENIED	
Signature		Date	
Principal Inves	stigator/Supervisor		