



Travel Information and Approval Form

Submit to Margaret Driscoll, 14B MLH prior to trip.

This form is for use within the Department of Mathematics.

Traveler Name: _____

Trip Destination

City, State: _____ Country: _____

Departure Date: _____ Return Date: _____

Do the defined departure and return dates include any portion of personal travel? Yes No

If yes, please define the dates that would be considered business travel.

Business begin: _____ Business end: _____

Trip Essentials

Name of Conference or Trip Description: _____

Purpose of travel (select one):

- Conference/Professional Development
- Presentation
- Research
- Team/Group Travel
- Other (please explain: _____)

Justification for Business Travel (select one):

- Attendee/Participant
- Presenter
- Other (please explain: _____)

Contact Method (select all that apply):

- Email: _____
- Cell Phone: _____

Expenses will be paid by (select all that apply):

- Grant: _____
- International Programs: \$ _____
- Personal Funds
- Other (please explain: _____)

Trip Comments (optional): _____

For Students – Please provide a Destination Address for emergency contact: _____

For travel during academic terms, please indicate which courses and meetings will be missed and arrangements for instruction:

SIGNATURES

Traveler: _____ Date: _____

DEO: _____ Date: _____