

CONHS FACULTY & STAFF TRAVEL REQUEST

CONHS requires this form be completed before travel. Completed forms will be returned to the departments. Complete Concur only after all signatures are received.

Date of Request:

GENERAL INFORMATION

Faculty/ Staff Name: Faculty/ Staff UIN: Position:

Email Address: Extension: Mobile Phone:

TRAVEL INFORMATION (Dates of travel should not conflict with any MANDATORY Faculty OBLIGATIONS)

Indicate one: In state _____ Out of State _____ City/State _____

Name of Workshop/Conference:

Departure date: Preferred Departure Time (for airline/car rental reservation purposes):

Return date: Preferred Return Time (for airline/car rental reservation purposes):

TRAVEL JUSTIFICATION

1) Presenting at this Workshop/Conference? NO _____ YES _____

Provide brief description of presentation.

If YES, please attach the following documents: **research abstract, conference presentation acceptance letter and/or email, and a copy of the presentation.**

2) If not presenting, please provide a brief purpose of trip.

3) Please justify how the proposed travel relates to the roles and responsibilities of your position.

Faculty/ Staff Name:

Faculty/ Staff UIN:

COSTS

Source of funds (Mark all that apply)

Start Up Funds

Allocated Faculty Travel Funds

Grants

PI Signature: _____

Grant Name: _____

Program Coordinator

Academic Affairs Signature: _____

Other

If other, explain: _____

Airfare \$

Ground Transportation \$
(Rental/Taxi)

Registration Fees \$

Incidentals \$
(Baggage fees, internet services,
hotel taxes, etc)

Meals \$ _____/day

Mileage (If applicable) \$

Lodging \$ _____/night
Higher Lodging requested:

Parking fees (If applicable) \$

Yes _____ No _____

Grand Total \$

Faculty/Staff Printed Name:

Faculty/Staff Signature:

Date:

Chair:

Chair Signature:

Date:

Dean:

Dean Signature:

Date:

Business Manager Signature

Account Number

Date:
