

CONHS FACULTY & STAFF TRAVEL REQUEST

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) Will you be 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.

Faculty/ Staff Name:

Faculty/ Staff UIN:

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

COSTS

Airfare	\$	Ground Transportation (Rental/Taxi)	\$
Registration Fees	\$	Incidentals (Baggage fees, internet services, hotel taxes, etc)	\$
Meals		Mileage (If applicable)	\$
\$ _____/day Lodging		Parking fees (If applicable)	\$
\$ _____/night Higher Lodging requested:			
Yes _____ No _____		Grand Total	\$

Staff Printed Name:

Staff Signature:

Date:

Chair:

Chair Signature:

Date:

Dean:

Dean Signature:

Date:

Business Manager Signature

Account Number

Date:
