

## 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

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\_\_\_\_\_

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 _____			
		<b>Grand Total</b>	<b>\$</b>

Staff Printed Name:

Staff Signature:

Date:

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Chair:

Chair Signature:

Date:

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Dean:

Dean Signature:

Date:

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\_\_\_\_\_

Business Manager Signature

Account Number

Date:

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