

UW-Platteville Travel Approval Form

THIS FORM MUST BE COMPLETED FOR ANY UW-PLATTEVILLE RELATED TRAVEL REGARDLESS OF FUNDING SOURCE. IT MUST BE SUBMITTED TO THE CHANCELLOR THROUGH THE PROPER CHANNELS A MINIMUM OF TWO WEEKS PRIOR TO THE TRIP.

Travel costs will not be paid to the traveler without this approval form attached to the Travel Expense Report {TER}.

In-State Out-of-State ----- Faculty Staff Student

Name: _____ Department: _____
Fund: _____ Org: _____ Program: _____ Projected Trip Cost: _____

Trip Information:

Length- # of Days _____ Departure Date: _____ Return Date: _____

Purpose of Trip:

What methods have been explored to conduct this business without personal travel:

Justification for Travel:

Individuals who will be accompanying you on this trip:

Department Head/Advisor Approval by: _____ Date: _____

Dean & Provost/Asst. Chancellor Approval by: _____ Date: _____

Approved Denied Chancellor's Signature: _____ Date: _____

Please attach documentation (Example: brochure, ad, invitation, etc.) that would assist in justifying the trip.

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OFFICE USE ONLY:

Upon final signature by the Chancellor, one copy of this form must be returned to the Traveler.

___ - Copy sent to Traveler

Sent by: _____ Date: _____

Revised 3/7/02