

REQUEST FOR TRAVEL APPROVAL / ADVANCE

Trip # _____

Travel on University Funds Outside Santa Barbara Area

NAME OF TRAVELER: _____

EMAIL / PHONE #: _____

EMPLOYEE ID #: _____

DEPARTMENT: _____

1. FUNDS TO BE USED: _____

2. DESTINATION: _____

3. DURATION (Dates of Trip): _____

4. PURPOSE OF TRIP/JUSTIFICATION: _____

5. ESTIMATED COST:

Airfare - _____

Other Transportation - _____

Per Diem - _____

Other - _____

Total - \$ _____

REQUESTED BY: _____ (Date)

APPROVED BY: _____ (Date)

Authorized for payment by:

_____ (Date)

Department Chair

_____ (Date)

Dean

EMPLOYEE DEVELOPMENT (Workshops, courses, seminars) (Staff Personnel Only)

_____ (Date)

Department MSO

NOTE: Copy of approval must accompany Request for Travel Advance, Travel Voucher, or payment to travel agency, whichever is submitted first.

When submitting to Dean's office, please type in triplicate.

This form not for use for recruitment purposes; please use "Request for Travel Approval for Recruitment Purposes."

