



### Out-of-State Travel Request Form

This form must be accompanied with an agenda of the conference, a completed Requisition to Pay Conference Fee form, and a completed registration form. This comprehensive package must be approved by the appropriate signatories. Faculty must also obtain approval from the Faculty Travel Committee and the Divisional Dean.

Today's Date: \_\_\_\_\_ Department Name: \_\_\_\_\_

Organization Code: \_\_\_\_\_

*(Use the Fund code if using grant funds)*

**Approval is requested for the travel indicated below:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Destination: \_\_\_\_\_  
City State

Purpose of Travel:

Are the following items attached?

Conference Agenda

Justification:

Completed Requisition to Pay Conference Fee Form

Completed Registration Form

Period Covered: From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Time + am/pm Date Time + am/pm

**Estimated Cost(s):** *(Please obtain estimates from the internet and submit copy with this form)*

Fares: \_\_\_\_\_ Hotel: \_\_\_\_\_ Meals: \_\_\_\_\_  
Type Amount Amount Amount (\$50/Day)

Total Travel Cost: \_\_\_\_\_

**Registration Fee**

Organization Code: \_\_\_\_\_ Registration Fee Amount: \_\_\_\_\_

**Grand Total Cost: \_\_\_\_\_**

*I certify that this travel is in accordance with the program as approved by:*

|   |       |                            |       |
|---|-------|----------------------------|-------|
| _____                                   | _____ | _____                      | _____ |
| Dept. Chair/Director                    | Date  | Travel/Controller's Office | Date  |
| _____                                   | _____ | _____                      | _____ |
| Division Dean (Faculty Only)            | Date  | Vice President             | Date  |
| _____                                   | _____ |                            |       |
| Faculty Travel Committee (Faculty Only) | Date  |                            |       |