

TV#
Acct#
Dept # 1874

PRE-TRAVEL - DEPARTMENT OF
MATHEMATICS

This form should be filled out BEFORE you travel

| | |
|---|---------------------------|
| Traveler Information (a separate form is required for each traveler and each destination) | |
| Traveler: | Travel Agency: |
| Destination: | Dates of Travel |
| Purpose of Trip: (If you are traveling on grant funds, please provide a justification appropriate to your grant proposal) | |
| Expenses to be paid by the Department (Please attach authorization from the department chair) | |
| Airfare: \$ | Ground Transportation: \$ |
| State or Rental Car* \$ | Registration: \$ |
| Hotel: \$ | Per Diem: \$ |
| Personal vehicle mileage (.28/mile) \$ | Total: \$ |
| Expenses to be paid by a grant or start-up fund (Account # _____) | |
| Airfare: \$ | Ground Transportation: \$ |
| State or Rental Car* \$ | Registration: \$ |
| Hotel: \$ | Per Diem: \$ |
| Personal vehicle mileage (.28/mile) \$ | Total: \$ |
| Classes to be covered during absence | By whom |
| 1. | |
| 2. | |
| 3. | |
| Emergency Contact Information – In the event of an emergency please contact: | |
| 1. | @ |
| 2. | @ |
| 3. | @ |

Department Chair Approval/Date

Signature of Traveler/ Date

***Rental cars must be rented through a state contracted agency-Avis or Enterprise.**

~~~~~PLEASE NOTE~~~~~

The airline ticket marked "Receipt" is **REQUIRED** for payment of airfare, please provide upon return. Receipts are required, with the **exception** of per **diem** and **mileage**, please provide upon return.