**Travel Request/Approval Form**

**Department of Philosophy**

Name:\_ VIP: \_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address for Check:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(University/College/Event Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State, Country)

\*ALTERNATE RETURN ROUTE:

*Only if flying from one destination to another (not covered by funding) rather than returning directly to Columbia.*

DATE LEAVING: DATE RETURNING:

(MM/DD/YYYY) (MM/DD/YYYY)

TIME LEAVING (home): TIME RETURNING (home):

PURPOSE OF TRIP:

CONFERENCE

PRESENTING A PAPER: YES\_\_\_ NO\_\_\_ INVITED\_\_\_

OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NO FUNDS REQUESTED; INSURANCE PURPOSES ONLY:**

FUNDS REQUESTED:

|  |  |
| --- | --- |
| AIRFARE  | $  |
| GROUND TRAVEL  | $  |
| MEALS  | $  |
| LODGING  | $  |
| REGISTRATION  | $  |
| DRIVING: MILES =\_\_\_\_\_ X $0.52 | $  |
| PARKING  | $  |
| OTHER (list)  | $  |

FUNDING SOURCE(S): (List all sources of funding and respective amounts.)

|  |
| --- |
| NUMBER OF CLASSES TO BE MISSED:  |
| HOW CLASSES WILL BE COVERED:(Give name of person covering classes) |
| TRAVELER’S SIGNATURE: DATE: |

**OFFICE USE ONLY**

TOTAL FUNDS APPROVED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DECLINED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADUATE DIRECTOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAIR’S SIGNATURE: DATE: \_\_\_\_\_

DATE SUBMITTED TO PROGRAM COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_