

# Virginia Tech Travel Estimate and Approval Form

Use this form 1) To provide an estimate of travel expenses in accordance with departmental requirements, and 2) To provide proof of approved business travel for VT insurance purposes. Contact the Travel Representative for the Department of Computer Science (information below) with all questions and concerns.

## TRAVEL INFORMATION

Name of Traveler: \_\_\_\_\_ Visitor ☐ Faculty ☐ Staff ☐ Student ☐  
Department: \_\_\_\_\_ Mail Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_  
Destination(s): \_\_\_\_\_  
Dates of Travel: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Name of Dept. Head or Designee Signing Below \_\_\_\_\_

## PURPOSE OF TRIP

### 1. Conference Travel:

- ☐ Giving a presentation or poster  
☐ Serving as panel member, discussant, or chair  
☐ Serving as an officer or board member  
☐ Other please explain: \_\_\_\_\_

### 2. Non-Conference Travel:

State Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conference/name (please use complete name): \_\_\_\_\_

### Estimated cost for:

Transportation: \_\_\_\_\_  
Lodging: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Conf./seminar fee: \_\_\_\_\_  
Other: \_\_\_\_\_  
**Total Estimated** \_\_\_\_\_

### Funding Source:

Dept/Fund/Amount  
Dept/Fund/Amount  
Dept/Fund/Amount  
Dept/Fund/Amount  
**Other Known** \_\_\_\_\_  
\_\_\_\_\_

Dept #	Fund #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Special instructions for submitting travel approval form:

Submit forms and direct questions to: Teresa Hall; [Teresa@vt.edu](mailto:Teresa@vt.edu); 540-231-8454; 2202 Kraft Drive, Suite 1152

Please submit form 2 weeks or more prior to travel.

If you plan to seek reimbursement, you MUST be signed up for "other" direct deposit.

This form is required if you are seeking any reimbursement from CS funds. Please note all other non-CS fund sources, including outside sources or other VT departments, in the Funding Source section above. This includes all conference specific scholarships, GSA/ITGA funding, etc.

## TRAVEL REQUEST SIGNATURES/APPROVALS

TRAVELER:	_____	Date: _____
SUPERVISOR <i>for Staff, Students &amp; Visitors</i>	_____	Date: _____
DEPT. HEAD OR DESIGNEE:	_____	Date: _____
SENIOR MANAGEMENT (Optional):	_____	Date: _____