

DUE: Complete at least **10** working days **prior** to travel

Remember, only one dept. can do paperwork for your trip

REQUEST FOR TRAVEL

Date Received: _____

TA #: _____

Name: _____

VIP #: _____

GRADUATE STUDENTS ONLY:

E-mail Address: _____ Phone: _____ US Citizen: ☐ YES ☐ NO

Practice Talk completed? ☐ YES (when/where) _____ ☐ No

GRADUATE DIRECTOR: Approved? ☐ Yes ☐ No **GRAD DIRECTOR SIGNATURE:** _____

Conference Name/Meeting Purpose: _____

Destination of Trip: _____

Dates/Times of trip: Date of Departure _____ Departure Time: _____ am / pm

Date of Return _____ Return Time: _____ am / pm

Purpose of Travel: (Check all activities)

Presenting a Paper: ☐ Panel Chair: ☐ Panel Discussant: ☐ Other: ☐ _____
Please explain

Paper Title: _____

Other: _____

Source of Funds: Dean's Commitment ☐ POLI SCI Department ☐ Other Department* ☐ Other** ☐

*If from another dept. please indicate from where & contact name: _____

**If "Other," please explain: _____

ESTIMATED TRAVEL EXPENSES:

Transportation:

Air Fare: \$ _____

(I will need printed ORIGINAL air itinerary with dates & amounts)

(If driving to another airport outside of Columbia, include mileage & airport)

Mileage, if applicable: _____ miles @ \$.53.5/mile (rate subject to change) \$ _____

Estimated subsistence: **Lodging** \$ _____

Per Diem – dependent on times of departure & return (B: \$10 / L: \$15 / D: \$25) \$ _____

Estimated other expenses (registrations, taxis, parking, rental car, etc.): \$ _____

Total Amount Requested: \$ _____

GRADUATE STUDENTS ONLY:

Other funding sources and amounts: _____ \$ _____

TRAVELER SIGNATURE: _____

CHAIR SIGNATURE: _____ **TOTAL AMOUNT APPROVED** \$ _____

~~ALL ORIGINAL RECEIPTS ARE REQUIRED FOR REIMBURSEMENT, EXCEPT FOR MEALS (per diem will apply)~~