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 INFORMAT	ITON				
Name of Traveler: Thom	as Lux	Visitor	Faculty S	Staff 🗌 St	tudent 🗌
Department: Compute	r Science		Mai	l Code:	
Email Address: tchlux	Cor	Contact Telephone:			
	North Carolina				
Dates of Travel: FROM:): March 15th,	2020		
Name of Dept. Head or De	esignee Signing Belov	V			
PURPOSE OF TRIP					
1. Conference Travel:	2. Non-Conference	2. Non-Conference Travel:			
 Giving a presentation 	State Purpose:	State Purpose: Present two full papers that were			
Serving as panel mem	air <u>accepted the m</u>	accepted the main track of the conference. First titled			
Serving as an officer	Effective Nonparametric D	Effective Nonparametric Distribution Modeling for Distribution Approximation Application			
Other please explain:	and the second	and the second work is titled			
		Analytic Test Functions for	Generalizable Evaluation	of Convex Optimiza	ation Techniques
Conference/name (plea	se use complete nan	ne):			
Estimated cost for:		Funding Source:	Dept #	Fund #	Amount
Transportation: \$	45	Dept/Fund/Amount	-		\$400
Lodging: \$1	160	Dept/Fund/Amount		441362	\$400
	100	Dept/Fund/Amount			
	195	Dept/Fund/Amount			
Other:		Other Known	The first entry is for the CS departmen		
Total Estimated \$800			approved funding through grad counci		
Special instructions for	submitting travel	approval form:			
Submit forms and direct qu	Ŭ	<u> </u>	1-8454; 2202 Kr	aft Drive, Su	ite 1152
Please submit form 2 week	s or more prior to tra	vel.			
If you plan to seek reimbu	rsement, you MUST	oe signed up for "other" di	rect deposit.		
This form is required if yo				other non-C	S fund
sources, including outside	sources or other VT of	departments, in the Funding	g Source section	above. This	includes
all conference specific sch	olarships, GSA/ITGA	funding, etc.			
TRAVEL REQUEST S	SIGNATURES/AP	PROVALS			
TRAVELER:	Thom	nas C.H. Lux	Date:	Feb 26, 20	020
SUPERVISOR for Staff, Students & Visitors			Date:		
DEPT. HEAD OR DESIGNEE:			Date:		
SENIOR MANAGEMENT (Ontional):			Date:		

Revised: 9/24/15 TH