

**OFFICE OF EDUCATIONAL OUTREACH
REQUEST FOR TRAVEL FUNDS
THIS REQUEST MUST BE SUBMITTED PRIOR TO TRAVEL**

Date Request Submitted _____ Name: _____

| Departure | | Return | | Destination |
|-----------|------|--------|------|-------------|
| Date | Time | Date | Time | |
| | | | | |

Reason for travel: _____

Are you presenting? _____ Yes _____ No

Will you be traveling alone or with a colleague? _____

Hotel name, address, phone # : _____

Is this the conference hotel? _____ Yes _____ No (Please provide documentation showing this to be the conference hotel.)

Will any portion of this travel be covered by another department/grant/etc? _____ Yes _____ No
(specify _____)

Is travel grant related? _____ Yes _____ No (specify _____)

Mode of transportation: _____ UT car _____ private car _____ air _____ other (specify _____)

If you want the department office to reserve a UT car for you, please give the following info:

| Pick-up Date | Pick-up Time | Return Date | Return Time | Destination |
|--------------|--------------|-------------|-------------|-------------|
| | | | | |

Estimate costs for the following:

Lodging total: _____

Transportation: airfare _____ vehicle _____ other _____

Does Outreach need to direct bill for airfare _____ Yes _____ No

Does Outreach need to secure rental vehicle for trip _____ Yes _____ No

Registration fee: _____

Does Outreach need to prepay conference registration fee _____ Yes _____ No

(NOTE: Registration fee may be paid directly by department with a minimum of 4 weeks prior to the deadline. Please attach original registration form.

Expenses included in the registration fee that are purely of a personal nature are not reimbursable [e.g., golfing fees, bus and/or historical tours, theater and sporting event tickets]).

Are any meals included in the registration fee? _____ Yes _____ No (specify: _____)

Meals included in the registration fee are not reimbursable

Meals: _____ Parking: _____

Total estimated cost: _____

Please list the class(es) you will miss, and indicate how they will be covered in your absence.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Amount Approved (Dept.) \$ _____

Director, Central Office Date