



CLAS Trip Approval
Form for Faculty & TAs

This form must be kept on file in the department. Do not forward this form to the Travel Office.

| | | | |
|----------------------------------|-------------------------|-----------------------------|------------------------------|
| _____ Name of Traveler | | _____ Contact Name | _____ Contact Phone |
| _____ Destination City, State | | _____ Employee ID | _____ Date of Preparation |
| _____ Date of Departure | _____ Date of Return | _____ Funding Department | _____ Department Address |

- (1) Indicate if travel is for personal or professional purpose (must be on official business if at University expense, must be project related if charged to federal award)

- (2) Courses and other Department or University obligations missed while on trip:

- (3) Arrangements for Instruction and other obligations missed: (For courses give name of substitute, position, specific class periods topics covered:

- (4) Explain how you can be contacted: (for travel during academic term, dept. should be able to contact you within 24 hrs, see DEO for special arrangements)

Traveler Signature

Date

APPROVED:

Supervisor (if traveler is a TA)

Date

DEO

Date