|  |  |
| --- | --- |
| TRAVELER'S NAME |  |
| DEPARTMENT |  |
| LOCATION/DESTINATION(City, state, country, and venue) |  |
| PURPOSE OF TRIP/EXPLANATION |  |
|  |
| LIST OTHER UWM ATTENDEES |  |
| DATE OF DEPARTURE |  | DATE OF RETURN |  |
| ESTIMATED COST | $ |  | **Note:** Total should include P-Card, T-Card, and any other prepaid expenses. |
| FUNDING LIMITED TO | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Estimated Cost | Fund (101, 144, etc.) | Department (Org. #) | Program (0, 1, etc.) | Project/Grant (PRJ, AAA, etc.) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No |  |  |  | Is this travel essential & necessary for you to perform your duties? |
| Yes |  | No |  | N/A |  | Are you a conference presenter or panelist? |
| Yes |  | No |  | N/A |  | Could the business be accomplished through other means (e.g. videoconference)? |
| Yes |  | No |  | N/A |  | Are there alternative sites closer to UWM that would result in lower travel costs? |
| Yes |  | No |  | N/A |  | Is it necessary for more than one employee from a division travel to the event? |
| Yes |  | No |  | N/A |  | Could the information, instead, be shared with colleagues by a single attendee? |
| Yes |  | No |  |  |  | Could the trip be postponed or canceled?  |
|  | What are the fiscal consequences of postponing or canceling the trip? |

I request permission to be absent from my normal University duties from       to

List any classes and other duties that will be missed and describe how they will be covered during absence:

Classes or other responsibilities:

 Coverage:

Signature of Traveler Print Name Date

**I have reviewed this request and recommend that it be approved.**

Signature of Principal Investigator (if different) Print Name Date

Signature of Department Chair/Director/Supervisor Print Name Date

Signature of Associate Dean/Dean Print Name Date