

College of Letters and Science

Travel Approval Request

PLEASE TYPE IN THE FIELDS BELOW, DO NOT USE HANDWRITING

TRAVELER'S NAME:						Select One:					
						UNDERGRAD	GRAD	FACULTY	STAFF	RA	
DEPAR	RTMENT:			CONTAC	CT NAME/E	MAIL/PHONE:					
EVENT NAME/TITLE:						LOCATION/DESTINATION: (City, state, country, venue)					
PURPO	OSE OF TRIP/	/EXPLA	NATION:								
DATE	OF DEPARTU	JRE & R	ETURN:		OTHER U	IWM EMPLOYEES	S:				
ESTIMATED COST:						FUNDING LIMITED TO:					
Allocat	ted		Fund (101, 144, etc.)	Departme	ent (Org. #)	Program (I	O, 1, etc.)	Project/Gra	ant (PRJ, AAA	, etc.)	
Yes Yes Yes			Is it necessary f Could the infor Could the trip b What are the fis		avel to the e a single atto the trip?	event? endee? to					
•	-	other i	nd other duties that w	ill be missed a	and descril	oe how they will	be covered	d during abse	nce:		
Signature of Traveler				Pr	Print Name			Date			
I have ro	eviewed this	reque	st and recommend tha	t it be approv	ed.						
Signature of Principal Investigator (if different)			Pr	Print Name			Date				
Signature of Department Chair/Director/Supervisor			r Pr	Print Name			Date				
Signature of Associate Dean/Dean					Print Name			Date			

- 1. **If filing through e-reimbursement, please fill out this form**, obtain signatures from traveler, PI (where appropriate), and chair/director/supervisor, then attach to the completed electronic authorization form and submit.
- 2. Please send completed form to ls-travel@uwm.edu, or Sarah Kissinger Holton 227, call 229-3097 for assistance.
- 3. Keep a copy for your records MUST BE RECEIVED 2 WEEKS (10 BUSINESS DAYS) PRIOR TO TRIP/EVENT START DATE