

UW-\_\_\_\_\_

## TRAVEL APPROVAL REQUEST

TRAVELER'S NAME \_\_\_\_\_  
 DESTINATION \_\_\_\_\_  
 PURPOSE OF TRIP \_\_\_\_\_  
 DATE OF DEPARTURE \_\_\_\_\_ DATE OF RETURN \_\_\_\_\_  
 ESTIMATED COST \$ \_\_\_\_\_

Fund	Department	Program	Project/Grant

**Other People Attending**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |     |    |     |                                                                                                              |
|-----|----|-----|--------------------------------------------------------------------------------------------------------------|
| 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 (teleconference, Videoconference, etc)?               |
| Yes | No | N/A | Are there alternative sites closer to campus that would result in lower travel costs?                        |
| Yes | No | N/A | In the case of travel to an event, is it necessary for more than one employee from a division to attend?     |
| Yes | No | N/A | Could the information, instead, be shared with colleagues by the person who was authorized to attend?        |
| Yes | No |     | Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip? |

Please provide an attachment to amplify on your response.

SIGNATURE OF TRAVELER \_\_\_\_\_

Approved      Not Approved

\_\_\_\_\_  
 Department Head Date

Approved      Not Approved

\_\_\_\_\_  
 Dean or Division Head Date