

(typed name is acceptable)

Interim Out of State Travel Exception

Due to budgetary restraints, UW Administration has initiated an Interim Travel Exception Request procedure required for use for <u>travel outside of the state of Wisconsin</u>. This is in effect until further notice.

To comply with the procedure, travelers should complete this form to approve travel during this interim period. Travelers should not incur expenses before the approval of this form. Please submit a copy of this Interim Travel Exception Request with any Travel Expense Report for audit purposes.

PLEASE TYPE INFORMATION IN THE FOLLOWING FIELDS. DO NOT USE HANDWRITING. TRAVELER'S FIRST NAME: TRAVELER'S LAST NAME: **DEPARTMENT: CONTACT NAME/EMAIL/PHONE: EVENT NAME/TITLE:** LOCATION DESTINTATION: (City, State, Country, Venue) **DETAILED PURPOSE OF TRIP/EXPLANATION OF NECESSITY: DEPARTURE DATE:** OTHER UW EMPLOYEES: **RETURN DATE: FUNDING LIMITED TO: ESTIMATED COST:** Allocated Fund Department Program Project/Grant Is this travel essential for you to perform your duties? ☐ Yes ☐ No Have you been asked to attend a conference/meeting as a presenter or panelist? ☐ Yes ☐ No Could the business be accomplished through other means (e.g. videoconference)? ☐ Yes ☐ No Could this trip be postponed or canceled? ☐ Yes ☐ No AFTER COMPLETING THE TOP SECTION, COMPLETE BELOW AND ROUTE FOR SIGNATURE APPROVAL Signature of Traveler Print Name if not typed (typed name is acceptable) Date I have reviewed this request and recommend that it be approved. Signature from VP for Finance & Administration Date Print Name if not typed