



Travel: Prior Approval

Travel Information

Traveler Name:	Contact Phone:
Date and time of departure:	Date and time of return:
Travel Destination:	Airfare needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of Travel:	

Funding Information

Will you request a reimbursement? <input type="checkbox"/> Yes (complete section below) <input type="checkbox"/> No		
Mileage:	Lodging:	Meals:
Transportation:	Registration:	
Total Trip Cost:	Budget #:	

Washington State Travel	Current per diem rates:	Out of State Travel
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Course Coverage (faculty only)

In my absence, my courses will be covered as follows:

BUDGET	COURSE	SECT.	DAYS	TIME	SUBSTITUTE	# OF SESSIONS

Traveler Signature _____ Date _____

Supervisor/Dean Signature _____ Date _____

Vice President Signature (Required for: Out-of-state travel, purchase of airline tickets, or when more than 5 employees will attend the same conference) _____ Date _____

President Signature (Required only for his/her immediate staff) _____ Date _____