

**REGIONAL CENTERS AND ONLINE PROGRAMS  
REQUEST FOR TRAVEL FUNDS  
THIS REQUEST MUST BE SUBMITTED PRIOR TO TRAVEL**

**TRIP REQUEST MUST BE APPROVED BY PROVOST AND SUBMITTED WITH THIS REQUEST FOR APPROVAL.**

Date Request Submitted \_\_\_\_\_ Name: \_\_\_\_\_

Departure		Return		Destination
Date	Time	Date	Time	

Reason for travel: \_\_\_\_\_

Are you presenting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you be traveling alone or with a colleague? \_\_\_\_\_

Hotel name, address, phone #: \_\_\_\_\_

Is this the conference hotel? \_\_\_\_\_ Yes \_\_\_\_\_ No (Please provide documentation showing this to be the conference hotel.)

Will any portion of this travel be covered by another department/grant/etc? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(specify \_\_\_\_\_)

Is travel grant related? \_\_\_\_\_ Yes \_\_\_\_\_ No (specify \_\_\_\_\_) Mode  
of transportation: \_\_\_\_\_ UT car \_\_\_\_\_ private car \_\_\_\_\_ air \_\_\_\_\_ other (specify \_\_\_\_\_) If you

want the department office to reserve a UT car for you, please give the following info:

Pick-up Date	Pick-up Time	Return Date	Return Time	Destination

Estimate costs for the following:

Lodging total: \_\_\_\_\_

Transportation: airfare \_\_\_\_\_ vehicle \_\_\_\_\_ other \_\_\_\_\_

Does Outreach need to direct bill for airfare \_\_\_\_\_ Yes \_\_\_\_\_ No

Does Outreach need to secure rental vehicle for trip \_\_\_\_\_ Yes \_\_\_\_\_ No

Registration fee: \_\_\_\_\_

Does Outreach need to prepay conference registration fee \_\_\_\_\_ Yes \_\_\_\_\_ No

(NOTE: Registration fee may be paid directly by department with a minimum of 4 weeks prior to the deadline. Please attach original registration form. Expenses included in the registration fee that are purely of a personal nature are not reimbursable [e.g., golfing fees, bus and/or historical tours, theater and sporting event tickets]).

Are any meals included in the registration fee? \_\_\_\_\_ Yes \_\_\_\_\_ No (specify: \_\_\_\_\_)

Meals included in the registration fee are not reimbursable

Meals: \_\_\_\_\_ Parking: \_\_\_\_\_

**Total estimated cost:** \_\_\_\_\_

Please list the class(es) you will miss and indicate how they will be covered in your absence.


Amount Approved (Dept.) \$ \_\_\_\_\_

\_\_\_\_\_ Academic Department Chair \_\_\_\_\_ Date

\_\_\_\_\_ Regional Centers and Online Programs, Director \_\_\_\_\_ Date