

Complete
Over As Well

Cash Advance Needed: _____

ESM REQUEST FOR TRAVEL

Please Pay Particular Attention to Instructions Regarding Out-of-Country Travel

- These instructions pertain to both General Funds and Research Funds.
- The forms must be submitted to the Financial Officer at least (3) weeks in advance of out-of-country travel.

- ___ Domestic Travel
- ___ Out-of-Country

I. DOMESTIC TRAVEL INFORMATION

Name _____ Dept. _____

Destination (s) _____

Dates: Departure _____ Return _____ Mode of Travel _____

Purpose of Travel (For professional meetings, include duties if any, also title and author (s) of any paper to be presented.)

Direct Billing of Airline Ticket(s)

Travel Agency _____ Mode of Travel _____ Amount Direct Billed: _____

Comments to Travel Agency _____

II. GENERAL INFORMATION TO BE COMPLETED FOR ALL TRAVEL

Estimated total expenses (i.e.: airfare, lodging, registration) to be assigned as follows:

	<u>Dept. #</u>	<u>Fund Name</u>	<u>Fund #</u>	<u>Amount</u>
Budget	_____	_____	_____	_____
Budget	_____	_____	_____	_____
Budget	_____	_____	_____	_____
Total Research Funds				_____
Total General Funds				_____
Less Personal Contribution(_____%) or reimbursement by 3rd Party (_____)				_____
			Total Estimated Cost	_____

Approval is required from sponsor on research budget. (Yes) (No); if yes, date of approval letter _____

External support from NSF, State Department, or others has been sought:

(Yes) (No); with what results: _____

III. APPROVALS

Department Head _____ Date _____

*Associate Dean for Research _____ Date _____

*Dean _____ Date _____

*Signatures required for out-of-country travel ONLY!!!

Comments:

INFORMATION REGARDING SUBSTITUTE TEACHING

Note: University and College policy requires a *detailed syllabus* be provided to all students during the first week of class and that all regularly scheduled classes be met.

Information on Classes for which faculty member is responsible, during the period of proposed travel

Course	Section	Meeting Date(s) & Times	Faculty or Qualified* Graduate student who will cover class	Marked Syllabus attached
				Yes No

I may be reached as follows on each of the days of my absence

Date(s)	Locations	Phone	email	FAX

*Graduate Students must have passed the Oral exam for Spoken English

Signed _____