



Travel Information and Approval Form

Submit to Angie Schenkel, 241 SH, prior to trip.

This form is for use within the Department of Statistics and Actuarial Science.

Traveler Name: _____

Trip Destination

City, State: _____ Country: _____

Departure Date: _____ Return Date: _____

Do the defined departure and return dates include any portion of personal travel? ☐ Yes ☐ No

If yes, please define the dates that would be considered business travel:

Business begin: _____ Business end: _____

Trip Essentials

Name of the conference or a trip description: _____

Purpose of travel (select one):

☐ Conference/Professional Development

☐ Presentation

☐ Research

☐ Other (please explain): _____

Justification for Business Travel (select one):

☐ Attendee/Participant

☐ Presenter

☐ Other (please explain): _____

Contact Method (select all that apply):

☐ Email: _____ ☐ Cell Phone: _____

Expenses will be paid by:

☐ Grant: _____

☐ Faculty PDA

☐ Startup

☐ Student Allocation

☐ Personal Funds

☐ Other (please explain): _____

For travel during academic terms, please indicate which courses will be missed and arrangements for instruction:

For Students – Please provide a Destination Address for emergency contact: _____

Traveler Signature: _____ Date: _____