UW-Superior

TRAVEL APPROVAL REQUEST

TRAVELER'S NAME _____

DESTINATION _____

PURPOSE OF TRIP _____

DATE OF DEPARTURE _____ DATE OF RETURN _____

ESTIMATED COST $ _____

Fund	Department	Program	Project/Grant

Other People Attending

_____

_____

_____

Yes ○	No ○		Is this travel essential & necessary for you to perform your duties?
Yes ○	No ○	N/A ○	Are you a conference presenter or panelist?
Yes ○	No ○	N/A ○	Could the business be accomplished through other means (teleconference, Videoconference, etc)?
Yes ○	No ○	N/A ○	Are there alternative sites closer to campus that would result in lower travel costs?
Yes ○	No ○	N/A ○	In the case of travel to an event, is it necessary for more than one employee from a division to attend?
Yes ○	No ○	N/A ○	Could the information, instead, be shared with colleagues by the person who was authorized to attend?
Yes ○	No ○		Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip?

Please provide an attachment to amplify on your response.

SIGNATURE OF TRAVELER_____

Approved Not Approved

_____

Department Head Date

Approved Not Approved

_____

Dean or Division Head Date