

BIOCHEMISTRY TRAVEL PRE-APPROVAL FORM

Please complete and submit to Gail (3-1660) prior to your trip.

PI/Approved signature: _____

Traveler's Name: _____

Work Phone: _____ Email: _____

Budget

Number: _____

End Date: _____

Name: _____

Additional

Budget/Source: _____

% Sharing: _____

**BUDGET CANNOT END
PRIOR TO TRIP!**

TRIP INFORMATION

Meeting Title: _____

Facility/Lab/University: _____

Dates: _____ City: _____

State/Country: _____

Departure from home: Date: _____ Time: _____ am _____ pm

Return to home: Date: _____ Time: _____ am _____ pm

Purpose

Attending: _____

Speaking: _____

Poster: _____

Other(explain): _____

EXPENSES

Registration Fee: _____ Includes Lodging: _____ Food: _____

REGISTRATION CAN BE PAID IN ADVANCE WITH 3 WEEKS NOTICE

DID THE DEPT PAY FOR YOU ON THE ProCard? _____

Agency Name: _____

YOU MUST USE A STATE CONTRACTED TRAVEL AGENCY

DID THE DEPT PAY FOR YOU ON THE CTA? _____

Contract Fare? _____

If NO check why: Cheaper fare: _____ No seats: _____ Contract Airline does not meet travel needs: _____

Lodging Deposit: _____

FOR FULL REIMBURSEMENT, LODGING COSTS CANNOT EXCEED PER DIEM EXCEPT IN THE CASE OF CONFERENCE PROVIDED HOTELS

Possible Misc Costs

Car Rental: _____

Parking: _____

Taxi: _____

Bus/shuttle: _____

Gas: _____

Telephone: _____

Mileage: _____

Total: _____

Per Diem

3 meals/day: _____

select meals: _____

No per diem: _____

YOU MUST PROVIDE A CONFERENCE SCHEDULE WHEN CLAIMING SELECT MEALS WHILE ATTENDING A CONFERENCE.

Per Diem Advance: Travelers must be requesting more than \$300. The advance is to cover a period not to exceed 90 days.

Total Estimated Cost

Registration: _____

Airfare: _____

Lodging: _____

Per Diem: _____

Misc: _____

Total: _____