



UNIVERSITY of WASHINGTON | CENTER FOR SHARED SERVICES

PRE-TRAVEL APPROVAL REQUEST FOR FUNDING

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Type:  Faculty  Staff  Student  Other \_\_\_\_\_

Travel Dates: \_\_\_\_\_ Destination(s): \_\_\_\_\_

Yes  No: Will personal time be included in this travel? (If yes, list the dates/times and locations below)

Dates/Times: \_\_\_\_\_ Location(s): \_\_\_\_\_

Yes  No: Is any portion of this trip paid by an outside source? (If yes, describe below, including amount)

Describe and Amount: \_\_\_\_\_

Yes  No: [OFM SAAM 10.30.20.a](#): I request approval for lodging expenses over the allowable lodging per diem rate.

Yes  No: Is this international travel? (If yes, send travel itinerary to [travelregistry@uw.edu](mailto:travelregistry@uw.edu) prior to departure. More information: [International Travel Registry Website](#))

**REASON FOR TRAVEL:** Please describe business purpose of the trip.

| FUNDING:                                    | Estimated \$ | Approved \$ | Budget #(s)/% | PCA Codes |
|---|--------------|-------------|---------------|-----------|
| Airfare                                     |              |             |               |           |
| Lodging                                     |              |             |               |           |
| Meal Per Diem                               |              |             |               |           |
| Registration Fees                           |              |             |               |           |
| Other Expenses (e.g. ground transportation) |              |             |               |           |
| <b>Total</b>                                |              |             |               |           |

**APPROVAL:**

Traveler Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Authority

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Optional Second Budget

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to [csshelp@uw.edu](mailto:csshelp@uw.edu)