

DEPARTMENT OF BIOLOGICAL SCIENCES TRAVEL PRE-APPROVAL AUTHORIZATION

Prepared By:	Date:	TA#:
Traveler:	Employee ID:	
Destination:	Conference Name:	
Departure Date/Time (required):	Return Date/Time (required):	
Purpose of Travel:	Personal Travel: <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, # of personal days:

PCARD EXPENSES

Registration:	Airfare:	Lodging:	Transportation:
Baggage:	Parking:	Other (please describe):	
Funding Source:			Pcard Subtotal:

EMPLOYEE REIMBURSEMENT REQUEST

Expense Type	Employee Paid Amount	Fund Number (4 digits)	Dept Number (5 digits)	Cost Center Number (7 digits)	Project Number (10 digits)
Registration					
Airfare					
Lodging					
Transportation (rental vehicle/fuel)					
Per Diem (meals)					
Baggage					
Parking					
Misc					
Misc					
Subtotal					
Pcard Subtotal					
Total					

APPROVALS:

Name/Title	Date

Notes: