PSYCHOLOGY PRE-APPROVAL TRAVEL FORM
STUDENTS

NAME:__________________________________________________UIN:____________________________________

Purpose of Trip:_________________________________________________________________________________
(If conference travel, a hard copy of the itinerary needs to be provided.)

Destination:_____________________________________________________________________________________

Beginning Date of Travel:___________________________________________Time:_____________________________________

Ending Date of Travel:______________________________________________Time:_____________________________________

MUST MARK ONE:

Who is receiving the primary benefit of this travel?

_______ University is receiving primary benefit (student asked to travel as a University rep to conference/competition)

Or

_______ Student receives primary benefit (the travel aided in the pursuit of a student’s studies or research)

Expenses reimbursed by University account:                                 No                                              Yes

If yes, source of funds will be:

Department $_____________________ CFOP number to charge:_____________________________________________________

Grant: $________________________ CFOP number to charge:_____________________________________________________

Other: $________________________ CFOP number to charge:_____________________________________________________

Car Rental:                          No                          Yes

Airline Travel:                    No                          Yes (If yes, you will need to submit your boarding passes and itinerary.)
IF YOU ARE USING FEDERAL FUNDS FOR FOREIGN TRAVEL, A U.S. AIR CARRIER NEEDS TO BE USED IN ORDER TO BE REIMBURSED.

Coverage of duties during absence

Course #: _______________________________________________________________________________

Dates: __________________________________________________________________________________

Arrangement: ___________________________________________________________________________

SIGNATURES

Requester’s Signature: ___________________________________________Date: _________________________

Project Director/Supervisor Name (print): ___________________________________________________________

Project Director/Supervisor Signature: ________________________________Date: _________________________

Dept. Head (or designee) Approval: ___________________________________________Date: _________________________

College Approval (if needed): ___________________________________________Date: _________________________

Return completed form to Susan Garnsey, 321 Psychology, MC-716.