

PROFESSIONAL ACTIVITY

Name of Organization/Activity:

Purpose (brief description):

Location:

I do NOT intend to claim expenses for this trip.

I DO intend to claim expenses for this trip (see below).
[Please complete the In- or Out-of-State Travel Form]

IN or OUT of State Estimated Expenses (check one)

Where Money Comes From...

Transportation \$ _____
 Lodging \$ _____
 Registration \$ _____
 Meals \$ _____
 Local Transportation \$ _____
 Mileage \$ _____
 Miscellaneous \$ _____
TOTAL \$

Department \$ _____
 Dean's Org \$ _____
 Academic Affairs Org \$ _____
 Grant Org \$ _____
 Out of Pocket \$ _____
TOTAL \$

Faculty Member

Signature _____

Date _____

Chair

Approved

Disapproved

Signature _____

Date _____

Dean

Approved

Disapproved

Signature _____

Date _____