

CHEMICAL ENGINEERING

PRE-APPROVAL _____ TRAVEL REIMBURSEMENT _____ (Mark One)

Name of Traveler: _____ Name of Delegate: _____
Traveler ID#: _____ Fund Number(s)/% or Amount: _____

Purpose of the travel: _____
Conference: Attending only: Yes ___ No ___ Giving presentation: Yes ___ No ___
Presentation title, date, & time _____

Itinerary – Departure:
FROM: Date: _____ City: _____ State: _____ Zip: _____
TO: Date: _____ City: _____ State: _____ Zip: _____

Transportation: (attach receipt showing method of payment)
State Car: Yes ___ No ___ Rental Car: Yes ___ No ___ Cost: _____
TOTAL Private car mileage: _____ (attach Google Map printout of route)

Commercial Airline: (attach receipt showing method of payment)
Airfare: _____ Total Airport Parking Fee: _____ (attach receipt)
Airfare Prepaid by Department: Yes ___ No ___

Other Transportation Costs (taxi, bus, train, etc.) (attach receipt showing method of payment)
Cost: _____ Date: _____ Description: _____
Cost: _____ Date: _____ Description: _____
Cost: _____ Date: _____ Description: _____

Lodging: (attach receipt showing method of payment)
Name of Hotel: _____
Address of Hotel: _____ (even if not being reimbursed)
Number of Nights: _____ Cost of Hotel per Night: _____ Conference Hotel: Yes ___ No ___

Meals: Per Diem: Yes ___ No ___ If no, please list meals for reimbursement (Itemized receipts are required): _____

Registration: (attach receipt) Amount: _____ Prepaid by dept.: Yes ___ No ___
Includes any meals? If so, list dates and which meals: _____

Itinerary - Return
FROM: Date: _____ City: _____ State: _____ Zip: _____
TO: Date: _____ City: _____ State: _____ Zip: _____

Other Expenses (please specify and attach receipts):

FOUNDATION ONLY: Traveler Signature: _____ Date: _____
FOUNDATION ONLY: Supervisor Signature: _____ Date: _____
FOUNDATION ONLY: Additional Approval for International Travel, Office of Export Control