

Department of Physics
Request for Approval of Travel

Name(s) of Traveler _____

Indicate status: ___ Faculty Member ___ Graduate Student ___ Staff Member

Phone: _____ Mailbox: _____

Dates of trip: _____

Budget(s) to be charged: _____ Estimated Cost: _____

Amount of contribution from department _____ Budget Number _____

Purpose: _____

Return this form to Michael Kummer, Box 351560 Requisition # _____

1) Relationship of trip to employee's work assignment: _____

2) Expected Benefits _____

3) Could an alternative approach have achieved the same benefits? Explain:

Approval: _____

Department Chair/Director

Date