

FACULTY/STAFF INTERNATIONAL TRAVEL INFORMATION NEEDED:

Turn in this form with your Faculty/Staff Travel Request Form

Faculty/Staff Name

Purpose of Travel (Include Title and Sponsor of Meeting)

ESTIMATED/APPROXIMATE COSTS: (Be sure to keep actual receipts and turn in after travel)

	# of days	Cost per day	Estimated Cost
	Days @	/day	
Air	_____	\$_____	\$_____
Meals	_____	\$_____	\$_____
Lodging	_____	\$_____	\$_____
Other:	_____		\$_____
		TOTALS	\$ =====

TRAVEL TO DATE(S) _____
ACUTAL CONFERENCE DATE(S) _____
TRAVEL FROM DATE(S) _____

Faculty/Staff Signature

Date

COMMENTS :