

**FACULTY & STAFF TRAVEL AUTHORIZATION REQUEST FORM**

**THIS FORM MUST BE SAVED AS A PDF FILE AND SUBMITTED AS A TICKET IN FOOTPRINTS.  
DO NOT SUBMIT HARD COPY OR EMAIL REQUESTS.**

Department: \_\_\_\_\_ Name : \_\_\_\_\_ Title: \_\_\_\_\_

Requests travel reimbursement in connection with the following activity (check all that apply and provide details):

\_\_\_\_\_ Present Paper (give title & specify event/conference)      \_\_\_\_\_ Attend Conference (identify)  
\_\_\_\_\_ Serve on Panel (give title & identify event)                      \_\_\_\_\_ Other (please specify)

at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(city) (state) (dates)

Class times missed: \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, how will classes be covered during absence? \_\_\_\_\_

Estimated costs: \_\_\_\_\_ Requested Funding: \_\_\_\_\_

**NOTE: THERE ARE LIMITED DEAN'S OFFICE FACULTY TRAVEL FUNDS, TO BE AWARDED ON A CASE-BY-CASE BASIS.**

Registration fee :	\$ _____	Department	\$ _____
Personal auto @ \$.56 per mile:	\$ _____	Personal	\$ _____
*Air (economy rate):	\$ _____	Other (specify source)	\$ _____
University-owned vehicle:	\$ _____	Total:	\$ _____
Room:	\$ _____	<b>*** BY SUBMITTING THIS FORM TO MY</b>	
*Meals:	\$ _____	<b>DEPARTMENT, I AGREE TO COMPLY WITH THE</b>	
Misc. (parking, taxi, etc.):	\$ _____	<b>OHIO UNIVERSITY TRAVEL AND PURCHASING</b>	
Total Requested:	\$ _____	<b>CARD POLICIES. I WILL SUBMIT A TRAVEL</b>	
		<b>EXPENSE REPORT WITHIN 15 DAYS OF MY</b>	

**RETURN.**

\*Note: **AIRFARE MUST BE PURCHASED BY UNIVERSITY PURCHASING CARD.** See: <http://www.ohio.edu/finance/travel/index.cfm> for current meal/incidentals per diem rates, mileage allowances and general travel information including the Ohio University travel policy.

**FUNDING PROPOSED**

TOTAL FUNDS PROPOSED: \$ \_\_\_\_\_

\$ \_\_\_\_\_ DEPARTMENT TRAVEL                      \$ \_\_\_\_\_ OTHER (specify source below)

\$ \_\_\_\_\_ DEAN'S OFFICE                      \$ \_\_\_\_\_ INTERNATIONAL TRAVEL FUND

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