

**STUDENT TRAVEL AUTHORIZATION REQUEST FORM**

**THIS IS A DEPARTMENT-LEVEL FORM AND DOES NOT NEED TO BE SUBMITTED TO THE DEAN'S OFFICE FOR APPROVAL.**

Department: \_\_\_\_\_ Traveler's Name: \_\_\_\_\_

\_\_\_\_ Graduate Student \_\_\_\_ Undergraduate Student

Requests travel reimbursement in connection with the following activity:

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

\_\_\_\_\_  
\_\_\_\_\_

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

Estimated costs

Proposed sources of funding

Registration fee \_\_\_\_\_

Department \_\_\_\_\_

Personal auto @ \$.56 per mile \_\_\_\_\_

Personal \_\_\_\_\_

\*Air (economy rate) \_\_\_\_\_

Other (specify) \_\_\_\_\_

University-owned vehicle \_\_\_\_\_

Total \_\_\_\_\_

\*Room: \_\_\_\_\_

**I AGREE TO SUBMIT A TRAVEL EXPENSE**

\*Meals: \_\_\_\_\_

**REPORT WITHIN 15 DAYS OF MY RETURN.**

Total: \_\_\_\_\_

Total Requested: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Traveler)

\_\_\_\_\_  
(Date)

\*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.

**DEPARTMENTAL CHAIR USE ONLY:**

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

\$ \_\_\_\_\_ DEPARTMENT TRAVEL

\$ \_\_\_\_\_ OTHER (specify source)

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Department Chair)

\_\_\_\_\_  
(Date)

**\*\*\*NOTE: TRAVELER MUST SUBMIT TRAVEL EXPENSE REPORT WITHIN 15 DAYS OF RETURN IN ORDER TO RECEIVE APPROVED FUNDING.**