

Travel Pre-Approval Form

Dates of Travel: _____

Name of Traveler: _____

Department/School: _____

Approximate Amount: _____

Destination: _____

Purpose/Justification:

Account #(s) to be paid from: _____

Approved

Denied

Supervisor or Department Chair

Date

Dean or Vice President

Date

Provost or Senior Vice President

Date

If approved, please include a copy of this form with the travel reimbursement. Reimbursement **will not** be processed unless this form is approved prior to travel arrangements.