

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:	\$ _____	*** BY SUBMITTING THIS FORM TO MY DEPARTMENT, I AGREE TO COMPLY WITH THE OHIO UNIVERSITY TRAVEL AND PURCHASING CARD POLICIES. I WILL SUBMIT A TRAVEL EXPENSE REPORT WITHIN 15 DAYS OF MY RETURN.	
*Meals:	\$ _____		
Misc. (parking, taxi, etc.):	\$ _____		
Total Requested:	\$ _____		

FUNDING PROPOSED

TOTAL FUNDS PROPOSED: \$ _____

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

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

**TO SUBMIT THIS FORM TO THE DEAN'S OFFICE FOR APPROVAL, SAVE THE FORM AS A PDF FILE AND THE DEPARTMENT CHAIR OR REPRESENTATIVE WILL ATTACH IT TO A PROFESSIONAL DEVELOPMENT TRAVEL REQUEST IN FOOTPRINTS.
THE APPROVED AND/OR CLOSED FOOTPRINTS TICKET INDICATES COLLEGE-LEVEL APPROVAL.**