CFA TRAVEL REQUEST FORM

Name ___________________________ Phone ___________________________ Date of Request ___________________________

Department ___________________________ Email ___________________________

Budget # ___________________________

Purpose of Travel ___________________________

Type of Active Participation ___________________________

"If you are presenting a paper it should be attached to this request, and if you have an assigned organizational responsibility, evidence of it should be attached to this request. If you are exhibiting, performing, conducting a master class or workshop, or presenting other creative work, please attach appropriate evidence of these activities."

Destination ___________________________

Date of Departure ___________________________ Date of Return ___________________________

Means of Transportation ___________________________

Estimated Itemized Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging</td>
<td>_______</td>
<td>@ _______</td>
<td>_______</td>
</tr>
<tr>
<td>Meals</td>
<td>_______</td>
<td>@ _______</td>
<td>_______</td>
</tr>
</tbody>
</table>

Total Lodging ___________________________

Total Meals* ___________________________

Conference Registration

Airfare

Car Rental

Ground Transportation

Mileage

Other ___________________________

*Meals should not exceed $60 per day.

Total Estimated Expenses $__________

*This form must be attached to your Travel Expense Report (TER) within 10 days after your return.

Faculty/Staff Signature ___________________________ Date ____________

Department Chair/Director Approval ___________________________ Date ____________

Dean's Office Approval ___________________________ Date ____________

Revised Fall 2015