TRAVEL REQUEST FORM
FOR
OUT-OF-COUNTRY TRAVEL

<table>
<thead>
<tr>
<th>FUND</th>
<th>PROJ/GRANT</th>
<th>DEPT</th>
<th>PRG</th>
<th>ACCT</th>
</tr>
</thead>
</table>

Traveler’s Name: ___________________________________
Signature of Traveler: ___________________________________
Destination: ____________________________________
Dates: Departure ______ Return ______
Purpose of Trip: ____________________________________

Estimated Total Cost of Trip:
(a) Amount to be paid directly by Agency other than University
(b) Amount to be paid from funds administered by University

Indicate Mode of Travel:  
  _____ Plane  
  _____ Train  
  _____ Bus  
  _____ Fleet Car  
  _____ Private Auto  
  _____ Vehicle Rental  
  _____ Private Plane

Justification:

Names of Other Staff Members Attending Same Meeting:

Dept Chairperson or Supervisor Date  
Dean/Director Date  
Vice Chancellor/Provost Date

Attach the original of this form to the Travel Expense Report (TER).