UW EXTENSION
OUT-OF-STATE TRAVEL APPROVAL REQUEST

TRAVELER'S NAME ____________________________________________________________

DESTINATION _______________________________________________________________

PURPOSE OF TRIP _____________________________________________________________

DATE OF DEPARTURE _______________ DATE OF RETURN _______________

ESTIMATED COST $ __________________

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Other People Attending
______________________________________________________________
______________________________________________________________

Yes  ____  No  ____  N/A  ____  Is this travel essential & necessary for you to perform your duties?
Yes  ____  No  ____  N/A  ____  Are you a conference presenter or panelist?
Yes  ____  No  ____  N/A  ____  Could the business be accomplished through other means (teleconference, Videoconference, etc)?
Yes  ____  No  ____  N/A  ____  Are there alternative sites closer to campus that would result in lower travel costs?
Yes  ____  No  ____  N/A  ____  In the case of travel to an event, is it necessary for more than one employee from a division to attend?
Yes  ____  No  ____  N/A  ____  Could the information, instead, be shared with colleagues by the person who was authorized to attend?
Yes  ____  No  ____  __________  Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip?

Please attach additional justification if necessary.

SIGNATURE OF TRAVELER _______________________________________________

☐ Approved  ☐ Not Approved

Department Head _______________________________ Date _______________

☐ Approved  ☐ Not Approved

Dean or Division Head _______________________________ Date _______________