

TRAVEL APPROVAL FORM

****This form is to be completed prior to booking trip in Concur****

Today's Date: _____

Name/Title of Traveler: _____

Purpose of Trip:

Travel Dates: _____ Departure: _____ Return: _____

Travel Destination: _____

Estimated Travel Expenses

Airfare: _____	Car Rental: _____	Lodging: _____
Parking: _____	Mileage: _____	Meals: _____
Taxi/Uber/Lyft : _____	Fuel: _____	Registration: _____
Toll: _____	Public/Ground Trans: _____	Other: _____

Total Estimated Travel Expense: _____

TRAVELER'S SIGNATURE

_____ Date: _____

BUDGET CHECK

Cost Center/Project Account : _____ Approved Amount: _____

Cost Center/Project Manager : _____ Date: _____

Cost Center/Project Account : _____ Approved Amount: _____

Cost Center/Project Manager : _____ Date: _____

AUTHORIZED SIGNATURES

*Supervisor Approval: _____ Date: _____

*If the Traveler is direct report to the Dean, approval is required from the COS Dean

Additional Comments:

Comments: