

TRAVEL REQUEST FORM

Individual Requesting Travel _____ Today's date _____

Date of Proposed Travel _____ Destination _____

Names of conference, meeting, seminar, workshop: _____

Justification for travel (i.e., how does it relate to one's job and career/
professional development): _____

other funded trips this fiscal year:

DATE	LOCATION	FUNCTION	AMOUNT FUNDED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: _____

Estimated cost of travel:

Airfare: \$ _____

Pool car: \$ _____

Mileage: \$ _____

Other: \$ _____

Registration (member-rate; a non
member must make up the difference):
\$ _____

Lodging: \$ _____

TOTAL: \$ _____

Amount requested by individual: \$ _____

Signature of individual: _____ Date: _____

Release time/professional leave approved by Immediate Supervisor:

Yes: _____ No: _____

Signature of Immediate Supervisor: _____ Date: _____

Approval of Unit Head: Yes: _____ No: _____

Signature of Unit Head: _____ Date: _____

Approval of Division Head: Yes: _____ No: _____

Signature of Division Head: _____ Date: _____

Comments: _____

Total Funded by LAO/Director of Libraries: \$ _____

Comments: _____

Signature of Director of Libraries:

_____ Date: _____