

**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 FUNDE
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Comments:

Estimated cost of travel:

Airfare: \$

\$

Registration (member-rate; a non

member must make up the difference):

Pool car: \$

\$

\$

Mileage: \$

\$

Lodging: \$

Other: \$

\$

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: \_\_\_\_\_