

**STUDENT TRAVEL AUTHORIZATION REQUEST FORM**

**THIS IS A DEPARTMENT-LEVEL FORM AND DOES NOT NEED TO BE SUBMITTED TO THE DEAN'S OFFICE FOR APPROVAL.**

Department: \_\_\_\_\_ Traveler's Name: \_\_\_\_\_

\_\_\_\_ Graduate Student \_\_\_\_ Undergraduate Student

Requests travel reimbursement in connection with the following activity:

\_\_\_\_\_ Present Paper (give title)                      \_\_\_\_\_ Attend Conference (identify)  
\_\_\_\_\_ Serve on Panel (identify)                      \_\_\_\_\_ Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_

at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(city) (state) (dates)

<u>Estimated costs</u>		<u>Proposed sources of funding</u>
Registration fee	_____	Department _____
Personal auto @ \$.56 per mile	_____	Personal _____
*Air (economy rate)	_____	Other (specify) _____
University-owned vehicle	_____	Total _____
*Room:	_____	
*Meals:	_____	
Total:	_____	

**I AGREE TO SUBMIT A TRAVEL EXPENSE REPORT WITHIN 15 DAYS OF MY RETURN.**

Total Requested: \_\_\_\_\_  
(Signature of Traveler) (Date)

\*Note: **AIRFARE MUST BE PURCHASED BY UNIVERSITY PURCHASING CARD.** See: <https://www.ohio.edu/finance/purchasing/pcard> for current meal/incidentals per diem rates, mileage allowances and general travel information including the Ohio University travel policy.

<b>DEPARTMENTAL CHAIR USE ONLY:</b>	
TOTAL FUNDS PROPOSED: \$_____	
\$_____ DEPARTMENT TRAVEL	\$_____ OTHER (specify source) _____
_____ (Signature of Department Chair)	_____ (Date)

**\*\*\*NOTE: TRAVELER MUST SUBMIT TRAVEL EXPENSE REPORT WITHIN 15 DAYS OF RETURN IN ORDER TO RECEIVE APPROVED FUNDING.**