

Kinesiology Dept Travel Approval Request Form

Traveler Name:	E-mail:
Home Address:	Phone:
	SS#:

Organization Sponsoring the Conference:

Conference Location:	Conference Dates:
(Early Bird) Registration Deadline:	Early Bird Amount:

Purpose of Travel:

Abstract Title (if applicable):

*****ALSO INCLUDE PROOF OF ABSTRACT ACCEPTANCE*****

Will you need the department to handle your conference registration? _____
****If so, please attach all proper registration information and/or forms**

Will you need the department to handle hotel reservations for this conference? _____
****If so, please attach all proper paperwork and/or conference hotel information**

Will you be using the department to make airline reservation? _____

PLEASE FIND & ATTACH POSSIBLE FLIGHT INFO & INDICATE YOUR DESIRED TOP THREE (SUGGESTED SEARCH ENGINES: ORBITZ, TRAVELOCITY, PREFERRED AIRLINE)	Travel Dates:
	Travel Times:
	Departing Airport:
	Preferred Airline(s):
	Preferred Seating (circle options): aisle / window front / middle / back

Anticipated Expenses

Type of Expense	Description of Expense	Cost	Pay Method (also specify account, disc, or gs travel)
Airfare			
Conference/Registration Fees			
Lodging			
Meals and Tips			
Miscellaneous (Please specify e.g. shuttle, mileage)			
Grand Total			

Approval Signature (ADVISOR)	Date Approved
Traveler Signature	Date Signed

****If for any reason this travel interferes with your teaching commitment please indicate how your teaching responsibilities will be covered in your absence.**

Not Applicable

Yes. Explain:

T.A.R. CHECKLIST- BUSINESS OFFICE USE ONLY

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Personal Info | <input type="checkbox"/> Gr Aprv |
| <input type="checkbox"/> Air Trav_____ | <input type="checkbox"/> GS Trav |
| <input type="checkbox"/> Htl Trav_____ | |
| <input type="checkbox"/> Abstract Info | |
| <input type="checkbox"/> E/B Reg _____ | |

NOTES: