

**COLLEGE OF ARTS AND SCIENCES
TRAVEL PREDICTION AND JUSTIFICATION**

Today's Date: _____

Name: _____

Department: _____

Destination (city): _____

Dates of Travel: _____

Purpose of Trip: _____

Your Role (present paper, panel member, committee chair, etc>) _____

Estimation of Expenses:

_____	Registration Fee
_____	Transportation (lowest airfare or mileage/tolls)
_____	Local Transportation (taxi, metro, bus, parking)
_____	Hotel/Lodging
_____	TOTAL

Other Sources of Support (Please estimate amount each is providing):

Estimated Amount	Source
_____	_____
_____	_____
_____	_____

Date of last trip _____ Source of funding _____

Instructions:

Attach any document about the conference or purpose of trip.
Route to the department chairperson for commitment of department funds.
Route to Dean's Office.

Chairperson's Signature

Date

Chairperson's Comments:

Dean's Signature

Date

Dean's Comments: