

SAINT MARY'S UNIVERSITY OF MINNESOTA ACADEMIC TRAVEL REQUEST FORM

Please complete this form and submit it to the Dean's Office BEFORE your planned travel. Use this form for support of travel or other professional activities. The original will be returned to you indicating the amount of support authorized by the Dean's Office. Following your trip, a TRAVEL & EXPENSE VOUCHER must be completed and submitted to the Dean or Associate Dean for approval.

Name: _____ Dept. _____

Destination: _____
City
State
Country

Dates for travel: _____

Please specify a purpose for travel: _____

	Amount Requested	Amount Approved	Account#
Transportation ~ <input type="checkbox"/> Auto @ 42¢/mile <input type="checkbox"/> Plane/train			
Hotel ~ maximum of \$125/night			
Meals ~ \$50 per diem			
Registration Fee (if applicable)			
Other ~ please identify			
TOTAL EXPENSES			
LESS FUNDING FROM SELF/OTHER SOURCE			
TOTAL REQUESTED/APPROVED			

 Traveler Signature

 Department Chair Signature

I am pleased to authorize \$ _____ in support of the above request. Please submit a completed **Travel & Expense Voucher** with receipts for your expenses to this office for reimbursement.

 Dean/Associate Dean Signature

 Date

Academic Year _____
 (e.g. 07/08)