SAINT MARY'S UNIVERSITY OF MINNESOTA

ACADEMIC TRAVEL REQUEST FORM

Please complete this form and submit to the Dean's Office **BEFORE** your planned travel. Use this form whether the request is 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's

Name: _____ Dept. _____

Destination: _____
City State Country

Departure Date: _____

Returning Date: _____

PURPOSE: (Please check as many as apply.)
❒ Conference Participant ❒ Chairing Session
❒ Present Paper ❒ Officiating
Please specify: _____

Representing SMU in official capacity as: _____

Other ~ please explain: _____

	Amount Requested	Amount Approved	Account#
Transportation ~ ❒ Auto @ 33¢/mile ❒ Plane/train			
Hotel ~ maximum of $80/night			
Meals ~ $30 per diem			
Registration Fee (if applicable)			
Other ~ please identify			
TOTAL EXPENSES			
LESS FUNDING FROM SELF/OTHER SOURCE			
TOTAL REQUESTED/APPROVED			

_____ _____
Traveler's Signature Department Chair's 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's Signature Date

Academic Year _____
(e.g. 03/04, 04/05)

Revised 2005-05-12