

PRE-APPROVAL FOR TRAVEL
Submit 10 days PRIOR to travel

Name (please print): _____

EMPLOYEE/STUDENT ID: _____

Home Address: _____ Office Phone: _____

E-Mail: _____

Destination: _____ Dates of Travel: from _____ to _____

CHECK ALL THAT APPLY: [] Professional Travel and/or [] Personal Travel and/or [] No Cost to the University

SOURCE OF FUNDS: CUFS # (area/org) _____ - _____

AS OF JULY 1, 2008 EFS # (fund/deptID/project or program) _____ - 10986 - _____

SEE THIS WEBSITE FOR NEW EFS ACCOUNT NUMBERS: http://www.deptid.umn.edu/

Purpose of Travel- BE SPECIFIC* _____

*If using funds from a sponsored account, justification must explain how the trip will benefit the grant. Justification Standards can be found at http://www.fpd.finop.umn.edu/groups/ppd/documents/jobaid/transaction_justification.cfm

For assistance in planning your travel, see Travel Services at http://travel.umn.edu/

Estimated Cost of Airfare: \$ _____ Estimated Cost of Other Items: \$ _____ TOTAL: _____
Other Items: [] Lodging [] Meals/Per Diem [] Ground Transport [] Registration Fees [] _____
If not using Departmental Account, how is airfare being purchased? _____
Pre-Paid Expenses? Please List: _____

Traveler:

I understand that travel may be restricted on some University budgets and I agree to obtain any necessary approval(s) for expense reimbursement prior to this trip. I agree to pay for any expense disallowed by the funding source. I will not be earning frequent flyer miles on a University budget for personal use.

Traveler Signature: _____ Date: _____

Authorized Signature: _____ Date: _____
(PI for Sponsored Funds, Account Manager/Faculty for Non-Sponsored)

Submit to: Document Drop Box N252 Elliott Certified Approver for Sponsored Funds:

Chair Approval: _____ Date: _____

Post-travel documentation for reimbursement must be submitted within 15 days of completion of travel, according to University of Minnesota Travel Policies and Procedures found at http://www.fpd.finop.umn.edu/groups/ppd/documents/policy/travel.cfm#300