



Travel Pre-Approval Form

Attach this form to the "Employee Travel and Meal Reimbursement Form"

Employee (Traveler) Name		CWID	
Department / School			

Purpose of Travel (Attach conference/meeting brochure)

Departure Date	
Return Date	
Destination	
FOAPAL / Accounting Codes	

Total Estimated Cost of Trip	
Registration Fee	
Airfare / Train fare (circle applicable)	
Lodging	
Meals	
Other (specify)	
Total Estimated Cost	0

AUTHORIZATION

I certify that this travel is necessary and that the required funds are available for expenditure.

Employee (Traveler) Signature

Date

Supervisor Name

Supervisor Signature

Date

Staff Officer Name

Staff Officer Signature

Date

Dean Name (if necessary)

Dean Signature (if necessary)

Date