## University of Illinois at Urbana-Champaign Department of Physics

## **REQUEST FOR APPROVAL OF TRAVEL**

To be completed BEFORE trip is taken.

Traveler's Name:				Today's Date:	
☐ Faculty	ulty 🗆 Staff		☐ PDRA	☐ Grad Student	
Destination (city, state, c	ountry):				
Venue/Location:					
Purpose of Trip:					
Primary Method of Trans					
Departure Date:		Return Date	:		
Est. Cost:					
Charge to:					
Please indicate which pro	piect this relates to	(i.e. ATLAS, g-2, e	etc.):		
ricase maioace milen pro	year time relates to	( / / / / / /			
Reimbursement:	☐ Full	□ Partial		☐ None	
Cash Advance:	☐ Yes	□ No			
travel advance is given, 4. Traveler acknowledges t University funds, travele	at travel reimburseme 30 days normally, 50 o hat if reimbursement er will reimburse the U s while away. Please	ent will be taxable days for unusual co of travel costs are University for the a include course, se	if receipts are not ircumstances). received from ar imount received. ction, start and ei	t submitted in a timely manner (15 days when a nother party and those costs were paid for from nd times, and the arrangements you have made e in some way.	
THIS SECTION TO BE CON	MPLETED BY BUSIN	ESS MANAGER:			
Organization:					
Program:					
Activity:					
Are travel \$ available in b		□ No			
Travel booked on T-Card			s, enter ER num		
Travel booked on P-Card	? 🗌 Yes	□ No If ye	s, enter log num	iber(s):	