

FACULTY RECRUITMENT TRAVEL REQUEST FORM

Date: _____

Name: _____ Phone: _____

College/Library: _____ Department: _____

Name of Event: _____

Location: _____

INCLUSIVE DATES OF TRAVEL:

Requests must be approved by the Dean and submitted to the Provost at least one month prior to the start of travel.

From: _____
Month/Day/Year

To: _____
Month/Day/Year

Method of Transportation: _____ **Transportation Cost:** \$ _____

**If personal auto, indicate estimated number of miles @ ___ cents per mile.*

Registration Fee: \$ _____

Per Diem (3 Days Max): \$ _____

Total: \$ _____

**If total expenses on statement exceed the total amount approved by the Dean and the Provost additional expenses will not be reimbursed.*

REASON FOR FACULTY RECRUITMENT TRIP

Search Committee

Chair's Authorization:

Signature

Date

Dean's Authorization:

Signature

Date

Provost's Authorization:

Signature

Date