Name:_________________________________________  Date of Departure:______________________

Title:_________________________________________  Date of Return:__________________________

Destination/Purpose______________________________________________________________

Transportation Information:

____Public Transport (airplane)  ____Rental Car

____University Vehicle  ____Personal Car

Vehicle License No.____________________

Driver’s Name:___________________________

Alternate Driver:_________________________

Names of other person(s) accompanying you in the same car:
______________________________________________________________________________

Names of other person(s) attending the same meeting:
______________________________________________________________________________

Please attach a separate sheet if more space is needed.

FUNDING SOURCE  ACCOUNT NO.  AMOUNT

<table>
<thead>
<tr>
<th>FUNDING SOURCE</th>
<th>ACCOUNT NO.</th>
<th>AMOUNT</th>
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</table>

ESTIMATED EXPENSES:  AMOUNT

Miles: Rate:

Public Transport: Per Diem:

Lodging:

Car Rental:

Registration Fees:

Parking:

TOTAL EXPENSES

Class Time Arrangements during absence

<table>
<thead>
<tr>
<th>Class</th>
<th>Time</th>
<th>Arrangements during absence</th>
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</table>

REQUIRED SIGNATURES

Requestor’s Signature  Date

Department Head’s Signature  Date

Dean’s Signature  Date