



CHHS – Approval for University Travel

Complete this form prior to traveling on University related business to the School Chair no less than two weeks before the first day of absence. Each faculty member must complete a form for travel. Approval of this form by the Chair and Associate Dean acknowledges the absence of the faculty member from campus during the specified time period; it does not indicate approval of reimbursement of costs associated with travel unless specified on the form below.

Additional information regarding University related business travel can be found in Policy 3364-40-03 Travel and Business Expense Reimbursement; (https://www.utoledo.edu/policies/administration/finance/pdfs/3364_40_03.pdf).

Faculty Name: _____

Dates of Travel: *from:* _____ *to:* _____ (including weekends if on university business)

Reason for Travel: (name of conference and dates of conference): _____

Lodgings during travel: _____

Cell phone # during travel: _____

Emergency contact information: _____

Requested expenses to be paid for by school (\$): _____

Please coordinate with other faculty members that are attending the same event to provide a list of the names of the students that are traveling to the event (to be used for emergency purposes only):

Approval: _____
School Chairperson's Signature Date

Approval: _____
Associate Dean of Academic Affairs Date