

TRAVEL PRE-APPROVAL REQUEST FORM
(No travel plans should be made until prior approval is received.)

Attendee Name(s): _____

Department: _____ Form Date: _____

Reason for Travel: ☐ Education/Conference ☐ Business ☐ Other: _____

Event Date(s): _____

Please outline the value of this event: (in detail)

☐ Presenter at Meeting/Conference (attach itinerary) ☐ Attendee Meeting/Conference (attach itinerary)

Meeting Name: _____

Location: _____

Dates of Travel: _____ Return to Work Date: _____

Funding Source:

☐ UTP CME (Allowed Annual CME Amount: _____ CME Funds used to date in current FY: _____)

Any expenses above the allowed Annual CME amount will be the responsibility of the Attendee.

☐ UTP Dept. Budget Acct. No. _____

☐ UT Dept. Budget Acct. No. _____ ☐ Grant Acct. No. _____

☐ UT Foundation Acct. No. _____

☐ Other (include Acct. Info.) _____

Total Estimated Cost: \$ _____

Airfare/Travel: \$ _____ Hotel Cost Per Night: \$ _____ Meals: \$ _____ Other: \$ _____

Approvers	Print	Signature	Approval Date	Denial Date	Need More Info.
Dept. Admin./ Division Chief					
Dept. Chair/ Direct Supervisor					
CAFO/CPE					
COMLS Dean					

- All travel for COMLS only Faculty and Staff must be pre-approved by Dept. Chair and COMLS Dean.
- All travel funded by UTP for UTP only Staff and Providers must be pre-approved by Dept. Admin./Division Chief, Dept. Chair/Direct Supervisor and CAFO/CPE.
- Incomplete forms may not be considered or approved.
- Per UTP policy, request forms should be submitted as soon as possible, preferably 60 days prior to the event. Request forms submitted without sufficient time to review may be rejected at leadership discretion.