

COLLEGE OF DESIGN TRAVEL AUTHORIZATION

TRAVELER: _____ ISU ID#: _____

CONTACT PHONE #: _____ DATE SUBMITTED: _____

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

1) PLACE OR PLACES TO BE VISITED (COUNTRY, STATES, CITIES): _____

2) JUSTIFICATION OF TRIP (STATE FULLY NO ABBREVIATIONS): _____

3) TITLE OF PAPER/PRESENTATION: _____

4) MISSED CLASSES ARE BEING COVERED BY: _____

X _____

SIGNATURE OF TRAVELER

PLEASE COMPLETE THE FOLLOWING & SUBMIT FOR APPROVAL:

ESTIMATED EXPENSES:

REGISTRATION FEE: _____

TRANSPORTATION: _____

(TO/FROM AIRPORT)

AIRFARE: _____

PARKING: _____

HOTEL: _____

OTHER: _____

NOTES: _____

TOTAL ESTIMATED EXPENSES: \$ _____

FUNDING APPROVED BY DEPARTMENT:

AMOUNT APPROVED: _____

FUNDING ACCT.: _____

CHAIR SIGNATURE: _____

DATE: _____

COMMENTS: _____

TRAVEL INFORMATION: WWW.CONTROLLER.IASTATE.EDU/TRAVEL-INFORMATION

WWW.PROCUREMENT.IASTATE.EDU/TRAVEL#TRAVEL%20CONTRACTS

PLEASE TURN IN COMPLETED FORM TO YOUR DEPARTMENTAL PARTNER FOR APPROVAL AND FUNDING PRIOR TO TRAVEL. ALL REIMBURSEMENTS WILL BE DONE IN WORKDAY AND SHOULD BE COMPLETED WITHIN 30 DAYS OF TRAVEL. REIMBURSEMENTS CAN BE DONE AS AN EXPENSE REPORT IN WORKDAY AND/OR SENDING RECEIPTS TO THE FINANCE_DELIVERY@IASTATE.EDU.