

## **DSA Travel Request Form**

Date of Request: Employee	Student	Student Assistant	Volunteer	
Traveler's Name & Prepared by & Ext.		the traveler):		Phone:
Level 2: Level 3:	Mandated/Sys Expected rep Significant lev	stem-wide meetings or re resentation/critical train el of organizational/asso sional development and	ing ciation involvement	
Description of T	ravel:			
Name of Conferen	nce/Meeting:			
Date(s) of Travel:	to	Destination (Ve	nue, City, State and/or Country):	
Does the traveler	have a compl	during this travel? Y eted Authorization to Us ains original, email copy to Risk Mai	se Privately Owned Vehicles on S	tate Business Form for
		onference, is this your fi in which you have atten	rst time attending this conference ded this conference:	? Yes No
ls this trip a requir If yes, pleas If no, pleas	se explain:		garding your attendance:	
Are you presentin If yes, pleas	• •	this conference? Yes iefly your presentation t	No opic:	
Are you assigned t	o a committe	e responsible for plannin	ng and/or hosting of this conference	ce or meeting? Yes No
lf yes, what	t is your role?			
How will your wo	rk responsibil	ities be covered during y	our absence and by whom?	
<i>,</i> ,		on require you to super nsible for supervising the	vise staff or student assistants? m while you are away?	Yes No

Estimated Travel Expenses: (this section is only required for domestic travel)

Airfare ("Coach Class")	
Rental Car	
Shuttle	

Registration/Training Fee	
Lodging	
Daily Meals (# of days x \$55 (per diem rate))	
Mileage (Private Car)	
Misc./Other Cost (Tolls, Transport, Parking, etc.)	
TOTAL ESTIMATE	

Source of Funding: (660890 should be used for meetings without a professional development/training component)AccountFundDepartmentProgramClassProjectAmount

When the University provides any consideration to employees for professional travel, employees are expected to:

- Demonstrate a high degree of professionalism in keeping with the DSA Core Values and serve as a good University representative for the entire duration of travel.
- Engage fully in the conference, attending sessions and/or supporting the program, to maximize the benefits of the professional opportunity.
- Communicate the gained knowledge/information and share skills, techniques, and practices learned with supervisor and appropriate colleagues.

Print Name of Traveler	Traveler's Signature	Date
I support the travel request. I support the travel request with the following recomm	nendations/conditions:	
l do not support the travel request for the following re	easons:	
Print Name of Supervisor	Supervisor's Signature	Date
Print Name of Area Head	Area Head Signature	Date
Print Name of VP	VP Signature	Date

\* This form must be completed for all travel. VP signature required for direct reports. For international travel, make sure to complete and attach the International Travel Authorization Form. \*

Please reference the Working Procedure on the Approval of Travel and Professional Development Opportunities for form routing instructions.