

IMI REQUEST FOR TRAVEL APPROVAL

NAME: _____

VIP ID No: _____

Non-Resident Alien: Yes No

Point of Origin: _____

Destination: _____

(University / College)

(City, State, Country)

Date Leaving: _____
(MM/DD/YY)

Date Returning: _____
(MM/DD/YY)

SPECIFIC PURPOSE OF TRIP:

Conference: _____

Presenting a Paper: Yes No Invited

Other: _____

NO FUNDS REQUESTED. INSURANCE PURPOSES ONLY:

FUNDS REQUESTED:

Airfare	
Ground Travel	
Meals	
Room	
Registration	
Other Anticipated Expenses*	

Personal Vehicle Mileage	
Miles: _____ x \$0.495	
Personal Vehicle Mileage if Enterprise rental not available	
Miles: _____ x \$0.535	
Number of Passengers	
Parking	

* Explain Other Expenses: _____

TOTAL FUNDS REQUESTED:

Fund Number: _____ Amount: _____

Fund Number: _____ Amount: _____

Fund Number: _____ Amount: _____

Classes Missed:	
How Classes Covered: (Give name of person(s) covering your class(es))	
Signature: _____	Date: _____
Chairman's Approval: _____	Date: _____
Comments:	