REQUEST FOR TRAVEL PRE-APPROVAL
Travel on University Funds Outside Santa Barbara Area
(to be filled before travel)

Type of Travel:
☐ Conference Presentation
☐ Graduate School Visitation (if admitted only):  ☐ Interview  ☐ Visitation Day

NAME OF TRAVELER ________________________________________________________________

DEPARTMENT ________________________________________________________________

1. DESTINATION ________________________________________________________________

2. DURATION (Dates of Trip) _____________________________________________________

3. PURPOSE OF TRIP/JUSTIFICATION _____________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. ESTIMATED COST:

Registration $ __________ 
Transportation $ __________
Lodging $ __________
Meals $ __________
Other $ __________
Total Requested: $ __________

If traveling by personal vehicle reimbursed by mileage, at approx. $.5/mile.
Per UC Policy, hotel rates capped at $275 per night before tax and fees.
Meals may be reimbursed up to $62/day, alcohol excluded.
Please note other:

REQUESTED BY _______________________________ _____________________________
Student Signature Date

APPROVED BY _______________________________ _____________________________
Faculty Director/Associate Director Date

FOR OFFICE ONLY
☐ Approved  ☐ Denied  ☐ Incomplete

Funding Source: _______________________________ Amount Approved: __________________
Current Balance: _____________________________ Final Balance: _____________________