



**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	\$ _____
<b>Total Requested:</b>	\$ _____

*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: