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

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: ____________

Last Updated: 10/13/2020