

REQUEST FOR TRAVEL APPROVAL
Travel on University Funds Outside Santa Barbara Area

NAME OF TRAVELER _____

EMAIL _____ DEPARTMENT _____

EXISTING VENDOR ID FOR TRAVELER (if applicable): _____

If no vendor ID, please list mailing address: _____

1. PROJECT CODE: _____

2. DESTINATION/DURATION (dates of trip): _____

3. PURPOSE OF TRIP/JUSTIFICATION: _____

4. ESTIMATED COST:

The actual cost(s) charged per expense must not exceed your estimated cost(s) you list per expense below.

Transportation _____

Meals & Lodging _____

Foreign Per Diem* _____

Other _____

Total _____

REQUESTED BY _____

Date _____

APPROVED BY _____

Date _____

Date _____

Date _____

NOTE: *Per diems are authorized for all foreign travel; travel within Alaska, Hawaii, and all U.S. possessions, and continental U.S. travel lasting more than 30 days. Do not complete for travel in the 48 continental U.S.; use Meals and Lodging.