

## Department of Recreation, Sport and Tourism Travel Authorization

Name:		University ID Number (UIN):	
Destination(s):		Departure Date:	Return Date:
Purpose of Travel (please include details for all that apply): Present paper/lecture/poster at professional meeting _____ Attend conference for professional development _____ Collaborate with colleagues at another institution _____ Conduct research _____ Other _____			
Emergency Contact Information:			
<b>Financial Information</b>			
<input type="checkbox"/> <b>No reimbursement requested</b> Checking this box means: "I will not be requesting any reimbursement for this trip."			
Estimated TOTAL Costs: \$ _____	Cash Advance Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	University Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No Departure time: _____ a.m. p.m. Return time: _____ a.m. p.m.	
Source of Funds: DEPT: \$ _____ Banner CFOP _____ GRANT: \$ _____ Banner CFOP _____ CHAD: \$ _____ Banner CFOP _____ STF: \$ _____ Banner CFOP _____ Other: \$ _____ Banner CFOP _____		Air Fare? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, you will need to submit your boarding passes and itinerary) Departure time: _____ a.m. p.m. Return time: _____ a.m. p.m.	
<b>Educational Responsibilities</b>			
For Faculty and Instructors (To be completed even if travel is not funded through a University Account)			
I will miss the following classes (course #s): _____ On the following dates: _____ Arrangements for covering each class missed: _____ _____ _____			
<b>Signature</b>			
Requester's Signature:		Date:	
<b>Approvals</b>			
Dept. Head (or designee):		Date:	

Please review University travel regulations on the OBFS website ([http://www.obfs.uillinois.edu/manual/central\\_p/sec15-1.html](http://www.obfs.uillinois.edu/manual/central_p/sec15-1.html)). The University may deny reimbursement of travel-related expenses for failure to comply with University policies and procedures and applicable state regulations.