

GRADUATE TRAVEL REQUEST

Fill in ALL lines clearly and completely.

NAME: _____ SS: _____

Advisor: _____ DATE OF TRIP: _____ Destination: _____

Purpose of Trip _____

Will you be making: (Circle One) **Presentation** **Talk** **Attend Only** (Attach Description) _____

Anticipated Expenses (please itemize):

Travel Mode:	Miles if driving:	Amount:
Meals:		
Lodging:		
Other:		
TOTAL REQUESTED:		

Classes to be missed:

Course Number: _____

Course Name: _____

Hours: _____

Dates: _____

Arrangements for your classes: _____

STUDENT SIGNATURE: _____ DATE: _____

Please secure your advisor's signature and amount authorized before returning the form to Carole. In the event that your advisor does not have a grant to draw from, see the DGS.

ADVISOR AUTHORIZED AMT:	MATH GRAD AUTHORIZED AMT:
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AUTHORIZATION SIGNATURE: _____ DATE: _____