

UNIVERSITY OF NOTRE DAME
MEMORANDUM ON PROPOSED TRAVEL

1. NAME OF TRAVELER: _____ 2. DATE: _____

3. TRAVELER'S POSITION AND DEPARTMENT OF OFFICE: Mathematics - _____

4. PURPOSE OF TRAVEL AND DESTINATION: _____

5. DATES OF ABSENCE FROM THE UNIVERSITY: _____

6. ADDRESS OR PHONE (IN CASE OF EMERGENCY): _____

7. CLASSES TO BE MISSED BY THE TRAVELER:

COURSE NUMBER: _____

COURSE NAME: _____

HOURS: _____

DATES: _____

8. PROVISION MADE FOR HANDLING THE CLASSES TO BE MISSED: _____

9. TRAVEL EXPENSES TO BE PAID BY: UNIVERSITY _____ OTHER _____

10. FOR UNIVERSITY ALLOWED EXPENSES:

ACCOUNT NUMBER AND NAME: _____

ESTIMATED COST: _____

11. REMARKS BY THE TRAVELER: _____

SIGNATURE

DATE

TRAVELER
PRINCIPAL INVESTIGATOR
CHAIRMAN
DEAN

PLEASE ATTACH TO THIS MEMORANDUM THE OUTSIDE ACTIVITIES FORM - IF APPROPRIATE