

EXPENSE PRE-APPROVAL FORM

Name: _____

Employee

Department: _____

Student

Purpose of Expense: _____

Estimated Costs:

Flight	
Accommodations	
Meals (Meals with Receipts, Per Diems, Hospitality)	
Transportation (Rental, Taxi, Parking, etc.)	
Conference Registration	
Professional Development	
Professional Membership	
Other Expenses (provide comment below)	
Total Estimated Cost:	

Travel Information:

(if applicable)

Destination(s):

Departure Date: _____

Return Date: _____

There will be a personally paid extension to this trip.

Details of "Other Expenses":

Fund			Organization			Program		

Claimant Signature:

Print Name

Signature

Date

One-over-one Approval:

Print Name

Signature

Date

Financial Authority Approval:

Print Name

Signature

Date