

# 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)	
<b>Total Estimated Cost:</b>	

**Travel Information:**

*(if applicable)*

**Destination(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Departure Date:** \_\_\_\_\_

\_\_\_\_\_

**Return Date:** \_\_\_\_\_

There will be a personally paid extension to this trip.

Details of "Other Expenses": \_\_\_\_\_

**List FOP for the estimated costs:**

Fund	Organization	Program	Cost

**Claimant Signature:** \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**One-over-one Approval:** \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Financial Authority Approval:** \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_