

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":

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