

# 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: \_\_\_\_\_

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