

Instructions:

1. Download form
2. Complete and save
3. Email the completed version to Marni Laurencelle for appropriate approval.

College of Nursing Travel Pre-Approval

Date: _____

Name: _____

Conference Name: _____

Location: _____

Conference Dates:

From: _____ To: _____

Purpose

Are you presenting and/or attending the conference or event?

Presenting _____ Attending Only _____

What is the relevance of the conference to your role in the College of Nursing?

Do you have teaching or graduate student supervision responsibilities during this requested time? Yes _____ No _____

If so, how will your teaching and/or supervisory responsibilities be covered during your absence?

Funding

What is the approximate cost of the conference?

(flight, hotel, meals, conference registration, taxi/car rental, other)? \$ _____

Do you have enough money in your T&E account to cover these costs?

Yes _____ No _____

If not, how are you covering any additional costs?

FOP: _____ - _____ - _____ Current balance: \$ _____

APPROVED: _____

DENIED: _____

Approval: _____ Date: _____