

BUSINESS SERVICES – TRAVEL

1250 Siskiyou Blvd, Ashland, Oregon 97520
 T 541-552-6574 | F 541-552-6573

FOREIGN TRAVEL PRE-APPROVAL

To be submitted and approved before flight reservation and conference registration are made

Date: _____
 Name: _____ SOU ID No: _____
 Title: _____ Department: _____

Employee Category: Academic Administrator SEIU Other

Purpose and Specifics of Foreign Travel:

Destination(s):

Departure Date: _____ Return Date: _____

Estimated Expenses:

Airfare:	\$	_____
Lodging:	\$	_____
Meals/Per Diem:	\$	_____
Other: _____	\$	_____
Other: _____	\$	_____
Total:		\$ _____

Indicate University funds from which you will be requesting reimbursement:

Index Code: _____ Index Code: _____ Index Code: _____

FOREIGN TRAVEL PREAPPROVED BY: (Signatures do not indicate preapproval of expense reimbursement)

Chair/Manager: _____ _____ Date _____
(Printed Name) (Signature)

Dean/Director: _____ _____ Date _____
(Printed Name) (Signature)

Provost (Academic Affairs only) : _____ Date _____
(Signature)

VP Finance & Administration (all other divisions): _____ Date _____
(Signature)