

1250 Siskiyou Blvd, Ashland, Oregon 97520

T 541-552-6700 | F 541-552-6138

**Travel Pre-Approval Form**

(Submit completed form prior to first day of travel)

**Submitted by:**

Name Title

Department Date

Travel is for: SOU personnel traveling off campus Hosted guests coming to campus

Trip Destination/Origin:

Purpose of Trip/Visit:

Departure/Arrival Date: Return Date:

Responsible SOU Representative(s):

Approx. # of Participants:

Participant Names:

See Attached List (if applicable)

**Describe Method of Travel**: \_\_\_\_\_ SOU Van \_\_\_\_\_ Private Vehicle \_\_\_\_\_ Commercial Transportation

See Attached Details

(if applicable) \_\_\_\_\_ Other (Describe)

# Funding Source (e.g. Index Code, Student Fees, etc.):

See Attached Details (if applicable)

# Approximate Cost of Trip/Visit: $

Director (Print Name) Signature Date

Vice President (Print Name) Signature Date