
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 _____

Trip Destination: _____

Purpose of trip _____

Departure Date: _____ Return Date: _____

SOU Representative(s) Present on Trip: _____

Approx. # of Trip Participants: _____

Participant Names: _____

See Attached List

Describe Method of Travel: _____ SOU Van _____ Private Vehicle _____ Commercial Transportation

See Attached Details

_____ Other (Describe) _____

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

See Attached Details

Approximate Cost of Trip: \$ _____

Director (Print Name)

Signature

Date

Vice President (Print Name)

Signature

Date