ENVIRONMENTAL STUDIES PROGRAM TRAVEL APPROVAL FORM

	Please complete all relevant portions of this form and return to the Environmental Studies Office located in 144 Columbia Hall. For questions concerning travel contact: RaDonna Aymong – <u>346-5081_or_raymong@uoregon.edu</u> .							
Na	ame: Date Submitted							
	ome Address:							
•	equired for travel reimbursement) estination(s): Travel Dates:							
	NATURE OF PROFESSIONAL ACTIVITY							
1.	Conference Participation (NOTE : Upon return submit a conference brochure showing the agenda , conference dates and any meals/banquets/hosted events as part of the conference.)							
	Name of conference: Location and dates:							
	 Attending Presenting Paper - Title:							
2.	2. Other (Provide business purpose: start and end date(s), location, names and affiliations of individuals							
	consulted, or places/ monuments, institutions visited, description of activity, and benefit to university. May need							
	to be clarified upon return for reimbursement purposes.)							
	TRAVEL INFORMATION							
1.	Will you travel while on sabbatical or another type of leave?							
2.	Will you combine business and personal travel on this trip? No Yes. (I will provide a quote from one of the three contracted agencies showing the cost of the business travel portion only at the time of ticket purchase.) 							
3.	Mode of Main Transportation: (NOTE: Mode of transportation should be the most economical one suitable for the purpose of the trip.)							
	a. Air Transportation (coach/economy, no first class)							
	Date ticket required: OR ticketing date:							
	 Contracted travel agency/agent's name: Away/Azumano (687-2250) Ambassador (686-1234) Premier (747-0909) 							
	Other/Agent's name (if available) and name of agency, or airline, or internet service:							
	Agency Internet travel service Commercial airline							
	b. Other (NOTE: If you are traveling out of state on routes served by common air carriers, but using other than air transportation, an airfare quote for the same itinerary must be obtained from one of the three contracted travel agencies. Reimbursement will be for the least expensive means of transportation, taking into consideration cost of conventional terminal transportation.)							
	 Personal Vehicle Rental Car (must be economy unless 3 or more travel together) Agency name:(NOTE: Limited Damage Waiver (LDW) is required for all car rentals except if using state agreement with Enterprise.) 							

EXPENSE AND FUNDING INFORMATION

Expenses (estimates where necessary)	Funding Sources (specify index if possible)	Index (if known)	Amount		
Airfare	Department Allocation				
Mileage mi. @\$.55/mi:	ASA / ASA Match				
Ground Travel (shuttle, taxi, etc.) (Receipts required if over \$75, no reimbursements for tips)	Other Funds (specify)				
Registration Fee					
Lodging* (see below)	Support from other Academic Departments (Provost, etc.)				
Meals* (complete itinerary below)	Provide documentation!				
Miscellaneous (parking, phone calls etc.) (Receipts required if over \$25 for reimbursement)	Research Fund				
Total:	Total (must match	Total (must match expense total)			
Availability of Funds Verified					

* If claiming Lodging or Meals please complete itinerary below. (NOTE: Upon return you must present a hotel receipt with your name, dates of occupancy, and a zero due balance amount for reimbursement.)

Itinerary:

Date	Hour of Dept.	Hour of Arr.	Destination	Breakfast \$	Lunch \$	Dinner \$	Lodging \$	Conference Hotel? Y/N
			TOTALS					

Meal Rates (effective 4/1/08):

In-state and low cities: \$11.25/breakfast, \$11.25/lunch, \$22.50/dinner Out-of-State High cities: \$14.50/breakfast, \$14.50/lunch, \$29.00/dinner Low cities: \$11.25/breakfast, \$11.25/lunch, \$22.50/dinner Foreign rates vary Lodging Rates (effective 4/1/08): In-state and low cities: \$107; high cities: \$179 Foreign city rates vary If conference hotel, use conference hotel rate.

Calculation Comments: _____

TRAVELER'S SIGNATURE SUPERVISOR APPROVAL

____ Date ____

Date _____