

**UNIVERSITY OF OKLAHOMA
MICHAEL F. PRICE COLLEGE OF BUSINESS
STUDENT TRAVEL REQUEST FORM**

*Date Received & Funding Source for
Finance & Operations Office Use Only*

Date Received:

Funding Source:

Date Submitted

Point of contact Sooner ID # (9 digits) Empl ID #
(If different from Traveler) (6 digits)
(if applicable)

Name of Traveler US Citizen? Yes No Country

Title & Division: Date of Birth

Instructions:
(1) Students requesting reimbursement for travel connected with professional activities must have recommendation from their Director before forwarding form to the Dean/Associate Dean
(2) If a paper is being presented a copy should be attached to the Request Form.
(3) If you qualify for Graduate College travel support, attach a copy of the application. After their review, submit their letter of support to the College.

DESTINATION TRAVEL TO:
(City, State, Country)

Departure Date Departure time Return Date Return Time

Expenses:	Estimated	For Finance & Operations Office Use Only	
		Actual	
Private Auto: Miles <input type="text"/> Rate: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tag # of Private Vehicle <input type="text"/>			
Public Transportation: bus, plane, train (or comparison Amount)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lodging: Designated Hotel <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meals Reimbursement Options (Select One)			
<input type="checkbox"/> (1) Gov't Per-diem Per day Rate <input type="text"/> # days <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> (2) OU Foundation reimbursement (receipts must be submitted)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conference/Event Registration (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miscellaneous: (taxi, parking, misc other)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

Funding source Amount

Name the sponsoring organization (if a conference):

Scope of Meeting:
(if a conference)

National

Regional

Global

Describe the specific nature of your participation in the conference, if applicable.

If Travel is for another purpose, please specify:

Name any other OU faculty or staff traveling in an official capacity with you.

How many regularly scheduled classes will be missed?
(if applicable)

What plans have been made to cover your classes and/or your other duties during this time?

Signature of Student _____ **Date:** _____

Approval of School/Division/Program Director:

Division level:
Funding **SOURCE**
(specify, if any)

Funding **AMOUNT**
(full balance vs limited amount)

Signature of School/Division/Program Director: _____ **Date:** _____

Approval of Financial Allocation:

Maximum Support of \$

Source of Funds:

Signature of Dean/Associate Dean/F&O: _____ **Date:** _____