

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

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

Date Received:

Funding Source:

Divisional Point of contact

Date Submitted

Name of traveler

SSN

Date of Birth

Title & Division of host

US Citizen:? Yes No Country

Instructions:

Faculty/Staff requesting funding for a guest's travel expenses connected with professional activities must have recommendation from their Director before forwarding form to the Dean/Associate Dean

ORIGIN of Travel:
(Home address, City, State, Country)

Departure Date

Departure time

Return Date

Return Time

Finance & Operations Office Use Only

Expenses:

Estimated

Actual

Private Auto: Miles Rate:

Tag # of Private Vehicle

Public Transportation: bus, plane, train
(comparison rate)

Lodging: Designated Hotel Yes No

Provide name of Hotel

Meals Hosted

Miscellaneous: (taxi, telephone registration, etc.)

TOTAL

Funding Source

Amount

PURPOSE OF VISIT: Name the Host/Sponsor:

Describe the specific nature of guest's presentation

Requestor/Host Signature _____ **Date:** _____

Approval of School/Division/Program Director:

Division level funding is **SOURCE**

If School/Division/Program funding is approved, specify **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:** _____