

**UNIVERSITY OF OKLAHOMA
MICHAEL F. PRICE COLLEGE OF BUSINESS
Faculty/Staff TRAVEL REQUEST FORM**

Finance & Operations Office Use Only

Date Received:

Funding Source: Date Submitted

(If different from Traveler) Sooner ID # Empl ID #
(9 digits) (6 digit)

Name US Citizen?: Yes No Country

Title & Division: Date of Birth

Instructions:
(1) Faculty 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.

DESTINATION TRAVEL TO :
(City, State, Country)

Departure Date Departure time Return Date Return Time

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

Funding Source Amount

Name of the Sponsoring Organization (if a conference)

Scope of Meeting: National Regional Global
(if a conference)

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?

Will you receive any compensation for this trip? If yes, explain below.

What plans have been made to cover your classes and/or your other duties during this time? NOTE: If receiving compensation for this trip, please explain here.

Signature of Traveler: _____ **Date:** _____

Approval of School/Division/Program Director:

Division level funding **SOURCE**
(specify, if any)

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:** _____