CLEAR FORM

PRINT FORM

Request for Authority to Travel to Supervise Students Participating in Education Programs

Traveler: _____ Date of Request: _____

Department: _____ Home Address: _____

Nature of Business: Supervising Student Teachers, Interns, Field Experience Students

Course Number: _____ Email:_____

Expense Estimate

Name of Student	School, City	# of Visits	Miles per Visit	Total Miles
				0
				0
				0
				0
				0
				0
				0
				0
				0

Total Miles Estimated: 0

Reimbursement Rate: _____

Total Estimated Expense: $0.00

_____ _____ _____ _____

Signature of Traveler Date Signature of Department Head Date

Travel Requests must be submitted to the Student Services Office, 124K Aderhold Hall by September 2 for Fall Semester and February 2 for Spring Semester. Expense Statements must be submitted within 5 days of the last day of the month.

EXPENSES WILL NOT BE PAID UNLESS THE TRAVEL REQUEST HAS BEEN SUBMITTED AND APPROVED PRIOR TO ANY TRAVEL. Expenses should not exceed the requested amount by more than 10%.