

**BUSINESS TRAVEL - REQUEST APPROVAL FORM**

NAME OF TRAVELER: \_\_\_\_\_

TITLE: \_\_\_\_\_

CAMPUS & DEPT: \_\_\_\_\_

FUND / ACCT # TO BE USED: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_ to \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED BY: **(Must be the supervisor of the person who will be traveling)**

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
**COMPLETED FORM MUST BE SUBMITTED TO THE USM FOUNDATION  
PRIOR TO MAKING TRAVEL ARRANGEMENTS**  
\_\_\_\_\_