

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**
