

UW-Madison

OUT OF STATE TRAVEL APPROVAL FORM

**This form is to be completed in advance of traveling and must be attached to
Travel Expense Reimbursement requests paid in whole or in part on
Funds 101, 104, 108, 115, 118, 177, 402**

TRAVELER'S NAME _____

DESTINATION _____

PURPOSE OF TRIP _____

DATE OF DEPARTURE _____ DATE OF RETURN _____

COST \$ _____

This trip is approved for the following reason(s):

Travel is essential & necessary for you to perform your duties?

You are a conference presenter or panelist?

The business could not be accomplished through other means (teleconference, videoconference, etc)?

There were no alternative sites closer to campus that would result in lower travel cost?

The trip could not be postponed or canceled without significant fiscal consequence?

Other:

Traveler

Department Head

Dean or Division Head