**ENVIRONMENTAL STUDIES PROGRAM**

**TRAVEL APPROVAL FORM**

Please complete all relevant portions of this form and return to the Environmental Studies Office located in 144 Columbia Hall.

For questions concerning travel contact: Alison Rajek – 541-555-5203 or arajek@uoregon.edu or RaDonna Aymong – 541-555-1 or raymong@uoregon.edu.

Name: ___________________________ Date Submitted ________________________

Home Address: __________________________________________________________

(Required for travel reimbursement)

Destination(s): ___________________________ Travel Dates: __________________

### NATURE OF PROFESSIONAL ACTIVITY

1. Conference Participation (NOTE: Upon return submit a conference brochure showing the agenda, conference dates and any meals/banquets/hosted events as part of the conference.)

   Name of conference: ___________________________ Location and dates: __________________

   [ ] Attending
   [ ] Presenting Paper - Title: ___________________________
   [ ] Other (specify): ___________________________

   (No acronyms!)

2. Other (Provide business purpose: start and end date(s), location, names and affiliations of individuals consulted, or places/monuments, institutions visited, description of activity, and benefit to university. May need to be clarified upon return for reimbursement purposes.)

   __________________________________________________________________________

   __________________________________________________________________________

### TRAVEL INFORMATION

1. Will you travel while on sabbatical or another type of leave?
   [ ] No    [ ] Yes. (I have attached a prepared Sabbatical Travel Approval Request form.)

2. Will you combine business and personal travel on this trip?
   [ ] No    [ ] Yes. (I will provide a quote from one of the three contracted agencies showing the cost of the business travel portion only at the time of ticket purchase.)

3. Mode of Main Transportation: (NOTE: Mode of transportation should be the most economical one suitable for the purpose of the trip.)

   a. Air Transportation (coach/economy, no first class)

      Date ticket required: ___________________________ OR ticketing date: ___________________________

      • Contracted travel agency/agent’s name:
        [ ] Away/Azumano (541-687-2250) [ ] Premier (541-747-0909)
        [ ] Peak Travel (Sherry: 541-685-2616 or Kathy: 541-685-2604)

      • Other/Agent’s name (if available) and name of agency, or airline, or internet service:

        [ ] Agency    [ ] Internet travel service    [ ] Commercial airline

   b. Other (NOTE: If you are traveling out of state on routes served by common air carriers, but using other than air transportation, an airfare quote for the same itinerary must be obtained from one of the three contracted travel agencies. Reimbursement will be for the least expensive means of transportation, taking into consideration cost of conventional terminal transportation.)

        [ ] Personal Vehicle
        [ ] Rental Car (must be economy unless 3 or more travel together)
Agency name: ____________________________ *(NOTE: Limited Damage Waiver (LDW) is required for all car rentals except if using state agreement with Enterprise.)*

Other (specify): ____________________________

### EXPENSE AND FUNDING INFORMATION

<table>
<thead>
<tr>
<th>Expenses (estimates where necessary)</th>
<th>Funding Sources (specify index if possible)</th>
<th>Index (if known)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare</td>
<td>Department Allocation</td>
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<td>Mileage _____ mi. @$ .565/mi:</td>
<td>ASA / ASA Match</td>
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<td>Ground Travel (shuttle, taxi, etc.)</td>
<td>Other Funds (specify)</td>
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<td>(Receipts required if over $75, no</td>
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<td>reimbursements for tips)</td>
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<td>Registration Fee</td>
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<tr>
<td>Lodging* (see below)</td>
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<tr>
<td>Meals* (complete itinerary below)</td>
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<td>Miscellaneous (parking, phone</td>
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<td>calls etc.) (Receipts required if</td>
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<td>over $25 for reimbursement)</td>
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<td>Total:</td>
<td><strong>Total (must match expense total)</strong></td>
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<td><strong>Availability of Funds Verified</strong></td>
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* If claiming Lodging or Meals please complete itinerary below. *(NOTE: Upon return you must present a hotel receipt with your name, dates of occupancy, and a zero due balance amount for reimbursement.)*

**Itinerary:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Hour of Dept.</th>
<th>Hour of Arr.</th>
<th>Destination</th>
<th>Breakfast $</th>
<th>Lunch $</th>
<th>Dinner $</th>
<th>Lodging $</th>
<th>Conference Hotel? Y/N</th>
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**TOTALS**

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**Meal Rates** (effective 01/1/2013):  
In-state and low cities: $13.00/breakfast, $13.00/lunch, $26.00/dinner ($52)  
Out-of-State  
High cities: $16.25/breakfast, $16.25/lunch, $32.50/dinner ($65)  
Low cities: $13.00/breakfast, $13.00/lunch, $26.00/dinner ($52)  
Foreign rates vary  
If conference hotel, use conference hotel rate.

**Lodging Rates** (effective 01/1/13):  
In-state and low cities: $111  
Out-of-State  
High city: $177  
Low city: $111

**Calculation Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

TRAVELER’S SIGNATURE ____________________________________ Date _____________

SUPERVISOR APPROVAL ______________________________________ Date ____________

Updated 1/01/13