

Instructions for Travel Request Form

You are responsible for following and adhering to the [University of Alabama Travel Policy](#). The University has changed factors involved in reimbursement for travel. Please note the directions below.

1. Submissions to conferences require prior written approval at the Associate Dean level.
2. The requestor should refer to the University of Alabama Travel Policy to estimate expenses.
3. Do not make travel arrangements prior to receiving a Travel Request Form that has been approved by the Dean.
4. The Travel Request Form will be returned to the requestor when review and approval processes have been completed. If travel is approved, the requestor should then make travel arrangements according to the funding that has been approved.
5. If you need assistance with registration and/or travel reservations, please contact the Business Office.

Travel Request Form

Complete this form with all required signatures prior to making any travel arrangements for which you are requesting funding.

Name of Requestor: Department:

☐ Faculty ☐ Staff ☐ Department Head ☐ Associate Dean

Date Submitted: Dates of Proposed Activity: To:

Proposed Activity:

Purpose of Travel
and Supporting
Documentation:
(agenda, web page,
program, etc.)

ESTIMATED COSTS

Registration : <input type="text"/>	Out of State Per Diem: <input type="text"/>	Use of Personal Vehicle: <input type="text"/>
Lodging: <input type="text"/>	In State Per Diem: <input type="text"/>	Parking: <input type="text"/>
Airfare: <input type="text"/>	Taxi/Public Trans/Shuttle: <input type="text"/>	Other: <input type="text"/>

CHARGE TO

Total Estimated Cost:

- | | |
|--|--|
| <input type="checkbox"/> Administrative Travel | <input type="checkbox"/> Available Travel Allocation |
| <input type="checkbox"/> Training | <input type="checkbox"/> Dean's Supplemental |

By signing this document, I agree that I have read and will comply with University of Alabama travel policies.

<http://accountspayable.ua.edu/travel-policy/>

Requestor Signature: Date:

APPROVAL SIGNATURES

Department Head	<input type="text"/>	Date:	<input type="text"/>
Associate Dean	<input type="text"/>	Date:	<input type="text"/>
Total Approved Funding:	<input type="text"/>		
Dean	<input type="text"/>	Date:	<input type="text"/>

If approved, requestor must forward a copy to the Business Office.