

CVM Pre-Travel Authorization

REQ# _____
(To be completed by Travel Desk)

Traveler's Name: _____ Oregon State University ID # _____

Request to Travel To: _____ During: _____
Travel Location(s) *Depart & Return Dates*

Purpose of Travel (Include full titles of organizations; no acronyms or abbreviations): _____

Teaching Assignments? Yes No Clinical Or Diagnostic Laboratory Assignments? Yes No

If Yes, Who Will Cover? _____

- Attend Only? * Paper Presentation? Paid to Present? ** Paid to Consult?
Attach documentation* * Include an "Outside Employment Approval" Form*
- Other? Explain: _____

Funding Source Is: CVM Index - Activity / GRANT Index \$ (approximately)
 Personal Funds \$ (approximately)
 Being Paid by Outside Agency / Source: _____

Will Travel Reimbursement Be Requested? Yes No

ANTICIPATED TRIP EXPENSES – please check all that apply

AIRFARE: Reservations have been made/will be made with (check one): COST ESTIMATES

AZUMANO/AWAY TRAVEL (757-9792 or 800-233-2929, corvallis@azumano.com) \$

TEEL'S TRAVEL PLANNERS (758-0808 or 800-233-3225, travel@travel-planners.com) \$

Have you made your own travel arrangements using another source? \$

* Please include airfare itinerary if paid by traveler

GROUND TRANSPORTATION:

<input type="checkbox"/> Private Vehicle	Estimated Mileage	If you choose to drive rather than fly, you must provide a quote for airfare for travel days.	\$
<input type="checkbox"/> Rental Car			\$
<input type="checkbox"/> Shuttle/Limo/Taxi/Bus			\$
<input type="checkbox"/> Other			\$

OTHER EXPENSES:

Registration Fee \$
**Please include conference registration agenda*

Per Diem

Meals (# of days) \$

Lodging (# of days x Daily Rate \$) \$

Miscellaneous Expenses \$

REQUIRED SIGNATURES:

Traveler: _____ Phone: _____ Date: _____
Agrees to travel in the most efficient and cost-effective manner resulting in the best value to the state

PI approval (if needed): _____ Phone: _____ Date: _____

Dept. Head: _____ Phone: _____ Date: _____
Certifies that trip is necessary and required funds are available (if using a university account)

Dean: _____ Phone: _____ Date: _____

Business Office Use Only:

Budget Approval _____ Encumbered by _____ Enc # _____
Amount \$ _____ Date _____