

TRAVEL REQUEST AND AUTHORIZATION DEPARTMENT OF DESIGN, HOUSING, AND APPAREL

This form needs to be submitted **prior** to travel. For reimbursement purposes, complete the Employee Expense Worksheet (UM1612), within 15 days of return.

Employee Name	Employee ID	Travel Destination:
Date of Departure	Date of Return	Date of Return to Office
Hotel Name and Phone Number		

Justification

Purpose of travel	
If presenting a paper, please state the title	
How does the travel benefit/relate to the account charged	
Plan for covering your class(es) in your absence	

Please check here if you are completing this for insurance purposes only. If for insurance purposes and no cost to the University, it is not necessary to complete the expense worksheet below. Your signature is still required.

Account number(s) to be charged:

Fund	Dept ID	Prog/Proj	PCBU	Account	CF 1	CF 2	Empl ID

Estimated expenses:

Type of Expense	Who makes arrangements?		Estimated Amount
	You	Staff	
Transportation*			
Lodging			
Other expenses (conference registration, car rental, meals, other)			
Total Estimated Expenses			

Receipts required for all expenses except per diem items.

* I certify that frequent flyer mileage earned with **University funds** will accrue to the benefit of the University of Minnesota.

Signature of traveler (required) Date

Approved: Dept. Head Signature Date

Approved for NC Funding (AES funding for Regional projects)

Travel recorded on DHA Calendar

If purchase is made with a UM Procurement Card, I certify that these charges are valid and allowable on this account.

(Signature of Cardholder and Cardholder ID)