

PHILOSOPHY DEPARTMENT TRAVEL APPROVAL FORM

*Please complete **all relevant** portions of this form*

Name: _____ Date Submitted _____

Home Address: _____
(Required for travel reimbursement)

Destination(s): _____ Travel Dates:* _____ TO _____

Name of Conference/Meeting:

Date(s) of Conference/Meeting: _____ TO _____

*(If dates of conference are different than dates of travel by more than 1 day prior or 1 day after, you will need to provide a quote from one of the three contracted travel agencies showing the cost of the business travel portion only at the time of ticket purchase).

Please explain why travel dates are different:

Conference/Meeting Location: _____ (i.e. University, Hotel, etc.)

NOTE: Prior to travel, please submit a copy of the flier, webpage, or email invite outlining the dates of conference, name of conference, location, etc.)

Upon return, submit the actual conference program showing the agenda, conference dates and any meals/banquets/hosted events as part of the conference.)

Are you:
 Attending
 Presenting Paper
 Title:
 Other (specify):

Provide business purpose: *(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.)*

Will you travel while on sabbatical or another type of leave?

Will you combine business and personal travel on this trip?

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

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

 I will arrange my own air travel
 Peak (Direct) (541-685-2616) Sherry Young at SYoung@PeakTravel.com Premier (541-747-0909) Doug@premiertrav.com
 Other/Agent's name (if available) and name of agency, or airline, or internet service:

OR:

I require the department's assistance to arrange my air travel and

I need the ticket by:

I would like these dates of travel: _____ to _____

I would like to leave Eugene at approximately:

I would like to start my return at approximately:

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 two 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):

EXPENSES:

Will you be claiming meal per diem for all allowable days?

Will you be claiming Hotel/lodging?

per night

(If conference rate, please provide copy of webpage or flyer showing that conference rate). UPON RETURN, PLEASE PROVIDE COPY OF HOTEL BILL WITH PROOF THAT BILL WAS PAID IN FULL.

If your lodging is being provided: Please submit invite or email stating that you will be provided with lodging.

Will you be paying a registration fee?

If yes, amount amount:

(Please provide receipt for registration)

Will you need ground transportation to/from airports or at destination?
return if more than \$75 – tips are not covered)

(Please provide receipts upon

Will you be using your department funds or will an outside agency or department pay your travel?

(If an outside agency or another department covers expenses, please provide email or invite that states this). Name of agency/department paying for travel:

What, if any, classes will you miss because of this trip?

What arrangements will you make to replace these classes?

Please return to Pat Martin when complete.