

**University of Illinois at Urbana-Champaign  
Department of Statistics**

**REQUEST FOR APPROVAL OF TRAVEL  
To be completed before trip is taken**

After you complete this form print it, sign it, have your PI/Supervisor sign it and then bring it to 101 Illini Hall. Thank you.

Date

Traveler's Name	UIN	Email Address:	
Travel Type:	If any personal travel, please note dates:		

Coverage of Duties During Absence:

Contact# during travel:	Name of Contact:
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**TRIP DETAILS**

DESTINATION	DEPARTURE DATE	RETURN DATE	EST. COST
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PURPOSE OF TRIP, COMMENTS

Primary Method of Transportation	If Other:
Do you need your mode of travel purchased for you?	

If yes, please make your travel arrangements and then fill in information below so the business office can pay for the arrangements. The business office will not arrange travel.

Vendor Name/Phone:	
Vendor Contact Person:	
Itinerary Confirmation #	
<b>For Office Use:</b> P-card log #:	

**YOU MUST INCLUDE THE FOP TO BE CHARGED OR YOU WILL DELAY YOUR REIMBURSEMENT**

UI Account Title or External Source of Funds:	Fund	Organization	Program	Reimbursement Amt
Examples: NSF DMR/DOE-123456	123456	583000	123456	\$125.00

Example: 1-123456-583000-123456-123456. The Fund is the first six digits after the 1.

**I understand that my reimbursement will be taxable if receipts are not submitted in a timely manner (60 days).**

Traveler's Signature	_____	Date	_____
Principal Investigator/Supervisor Signature	_____	Date	_____
Department Head Signature	_____	Date	_____

Notes:  
 1. Route all approval forms through Melissa Banks.  
 2. For travel on grants/contracts funds, the travel must be related to the sponsored research and there must be funds available in the account to cover the costs incurred. For travel on other funds, the travel must benefit the Department of Statistics. If funds are not available, see Melissa Banks for further information.