

Complimentary Travel Approval Form

Traveler's Name

Traveler's Employee ID

General Information

Description:

Business Purpose:

Default Location:

Date From: Time From:

Date To: Time To:

Comment :

Benefit To State:

This form is hereby incorporated to be used by all employees and authorized persons when requesting approval of travel that is being paid in it's entirety by an outside funding source.

This form shall be signed by the Traveler, Travel Approver, and Budget Approver stating that the travel is incurred in connection with official university business.

A copy of this completed form shall be provided to the Controller's Office, and become the official document for approval of complimentary travel.

Approvals below indicate the above named traveler has been approved for Travel.

Traveler's Signature

Printed Name of Traveler

Department Approver

Printed Name of Department Approver, PI, DEAN

Email completed form to the Travel office (traveldocs@fam.u.edu) for scanning into Image Now.