

College of Science Request for Approval to Travel

(Required for Travel on Funds that begin with 0xxxxx)

OREGON STATE UNIVERSITY

Approver's Name (printed)

ONIVERSITI				
GENERAL INFORMATION	N			
Traveler's Name		Department		
Date of Departure	Destination Cities			
Date of Return	Index(es)	Fund		
Reason(s) for Travel (Please list	specifics in "Other" area below-i.e. resea	rch activity, organization, ac	ency or foundation name,	etc.)
Presenting research and cre-	ative activity at major scholarly meeti	ngs by faculty, staff, and	students	
_	, agencies, and participation in meeti earch, teaching, and service, or that	- ·		
Visits to foundations, individu	als, corporations, and agencies rega	rding philanthropic effort	5	
Program and/or accreditation	reviews			
Travel costs associated with	our learning environment, including b	oringing speakers to cam	pus	
Faculty/staff recruitment visit	S			
Student recruitment activities	;			
Strategic development & lear	ning opportunities intended to improv	ve university business pra	actices, efficiencies, & e	effectiveness
	ions such as position description requisions societies; and the normal exp			
Other				
TOTAL ESTIMATED COS Transportation Registr Total Estimated Cost	T OF TRIP ation Fees Meals E&G Fund Amt	Lodging Other F	Other Fund Amt	
AUTHORIZATION (Deli	ver to cindy.alexis@orst.edu or Cil	ndy Alexis College of S	Science 128 Kidder Ha	
(Son	or to omaylarexio gereadad or on	ray Alexie, Conege or C	ololioo, 120 Idadol Ilo	<i>,</i>
Completed by	Phone		Date	
Approved () Disapproved ()	Department Head Signature (rec	juired)	Date	
Approved () Disapproved ()	Approver's Signature (required)		Date	

Attention: When submitting Reimbursement Request, please attach this authorization.

Approver's Title