TRAVEL REQUEST INFORMATION
COLLEGE OF ENGINEERING AND TECHNOLOGY
This form must be uploaded as an attachment in the Travel Preauthorization Request

Name of Traveler: _____

Estimated Date and Time of Departure: _____Time:_____

Estimated Date and Time of Return: _____Time:_____

Name and website of Conference/Event: _____

_____

Destination of Travel:_____

Justification for travel:

International travel must include a statement explaining justification. Attached ☐

Conference presentations: acceptance letter/email attached.   Attached ☐

Will personal days be taken on the trip? _____If yes, please complete the ECU form "Combined Business and Personal Travel Memo" and attach to travel request.   Attached ☐

Are you scheduled to teach during the dates of travel?   Yes_____   No_____

Course(s)_____Class Time:_____ Planned activities: _____
How will contact hours be met? (substitute instructor/name or other method)

_____

Cost estimate: please be as accurate as possible. Note the different per diem rates for in-state and out-of-state travel.

Registration	_____	Per Diem (est.)	_____
Hotel	_____	Parking	_____
Airlines	_____	Luggage	_____
Mileage	_____	Taxi/shuttle	_____
Rental Car	_____	Tips:	_____
Other (explain)	_____		

TOTAL   _____

Funding Sources: enter funding source (FOAP) if known. Indicate percentages for multiple funding sources. This may be completed by your supervisor or administrative staff if you don't know the funding source (FOAP).

State: _____   Grant: _____

F&A: _____   Other: _____

Department administrative staff will add the FOAP and name to the travel authorization form.

_____
Traveler's Signature   Date

_____   _____
Supervisor's Signature   Date   Chair/Director's Signature   Date

Rev. 2/1/2022