

University of Illinois at Urbana-Champaign
DEPARTMENT OF SOCIOLOGY
REQUEST FOR PREAPPROVAL OF UNIVERSITY TRAVEL

This form must be completed and submitted to the Department for approval prior to taking the trip.

Traveler's Name:

UIN:

Part I

Destination (City, State, Country)	Departure Date	Return Date
Purpose of trip and comments (If attending a conference write the name and conference website address if available.)		

Part II

If applicable, how will teaching duties be covered during this travel time? (Write N/A if not applicable.)
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Part III

Estimated travel costs: \$			
CFOP (Account Number)			CFOP Title (Shown after Program Number on statement)
<u>Organization</u>	<u>Fund</u>	<u>Program</u>	

Part IV

<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"><div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Traveler's Signature</div><div style="width: 35%; border-top: 1px solid black; padding-top: 5px;">Date submitted</div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"><div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Approval Signature & Print Name</div><div style="width: 35%; border-top: 1px solid black; padding-top: 5px;">Date</div></div> <div style="border-top: 1px solid black; height: 20px;"></div>	
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