

**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.*

Please use Adobe Acrobat or Acrobat Reader to complete form if possible.

**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)	
C-Fund-Organization-Program Code	CFOP Title (Shown after Program Number on statement)
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**Part IV**

<hr style="width: 100%;"/> Traveler's Signature	<hr style="width: 100%;"/> Date submitted
<hr style="width: 100%;"/> Approval Signature & Print Name	<hr style="width: 100%;"/> Date