

**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.)

**Part III**

Estimated travel costs:

\$ \_\_\_\_\_

CFOP (Account Number)	CFOP Title (Shown after Program Number on statement)
C-Fund-Organization-Program Code	

\_\_\_\_\_

**Part IV**

_____ Traveler's Signature	_____ Date submitted
_____ Approval Signature & Print Name	_____ Date