

**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.)

Part III

Estimated travel costs:

\$

CFOP (Account Number)	CFOP Title (Shown after Program Number on statement)

Part IV

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