| REQUESTOR NAME:                                   |   |                                   |                           | CONTACT NAME (IF APPLICABLE):   |   |  |                   |  |
|---|---|-----------------------------------|---------------------------|---|---|--|-------------------|--|
| ETRAVEL/EREQUEST #:                               |   |                                   |                           | DATE:   |   |  |                   |  |
| DEPARTMENT:                                       |   |                                   |                           | AMOUNT: \$  |   |  |                   |  |
| REQUES<br>PRE-APPRO                               |   | REQUESTING<br><b>APPROVAL</b> FOR | ₹:                        |   |   | REQUESTII<br>CEPTION   |                   |  |
| policy requirent Other Deviatio University policy | Diperson  Business Meal nents  n from  Ey | hy the exception occ              | r fund)<br>tures<br>uest. | Alcoho<br>Busine<br>Travel po<br>Approv<br>Over 9<br>Lack o<br>After the<br>Missing i | olicy violation: val not requested plot days past trip re of appropriate docu Fact Purchase Or temized receipts eviation from Unive | 320/person S > 3x curren  orior to trip eimbursemer umentation  der  ersity policy | ribe plan to avoi |  |
|   |   |                                   |                           |   |   |  |                   |  |
|   | CE FOR EXPENDITU                          |                                   | ravel entered             | d):   | DBOCBAM#  |  | DDO JECT#         |  |
| ORG # SIGNATURES:                                 | FUND#                                     | ACC                               | JOUNT #                   |   | PROGRAM#  |  | PROJECT#          |  |
| REQUESTOR:  |   |                                   |                           | DATE:   |   |  |                   |  |
| APPROVAL SIGN                                     |   |                                   |                           |   |   |  |                   |  |
| YES NO  | UNIT DIRECTOR: DATE:                      |                                   |                           |   |   |  |                   |  |
| YES NO  | DEAN/VP OR DESIGNEE: DATE:                |                                   |                           |   |   |  |                   |  |