



College of Dentistry Travel Approval Form

Traveler's Name _____

Date _____

EVENT INFORMATION	Faculty	Staff	Student	
Title of Event	Purpose of the travel			
Dates of Event	Is personal travel included?		Yes	No
Event Location	Please explain personal travel:			
Any travel including personal travel must be purchased by the traveler and can be reimbursed for the business portion of the trip				

Event Registration	Estimated Amount \$	To be completed by	Business Office	Traveler
Website		Early bird deadline		
Login Username		Log in Password		
Please remember if UK pays for your registration, an agenda must be provided upon your return.				

Hotel	Estimated Amount \$	To be completed by	Business Office	Traveler	
Check in	Check out	Bed Preference	King	Double	Any
Sharing Room	Yes No	UK	NON-UK	Sharing with whom?	
Confirmation #	Rewards #				
Hotel detail in order of preference					
1 Hotel Name	1 Phone #/Website				
2 Hotel Name	2 Phone #/ Website				
3 Hotel Name	3 Phone #/Website				

Air Fare	Estimated Amount \$	BUSINESS OFFICE MUST CREATE A COST COMPARISON IF YOU BUY YOUR OWN TICKET			
Departure Date	Departure Time	Preferred Airline			
Return Date	Return Time	Rewards number			
PREFERRED FLIGHTS:					

Other Expenses	Estimated Amount \$	To be completed by	Business Office	Traveler
Per Diem \$		Miscellaneous \$		
Rental Car \$		Number of Miles		
Motor Pool \$		(Attach MapQuest or Google Maps with to and from addresses)		

ACCOUNT NUMBER	ESTIMATED AMOUNT \$		
	\$		
	\$		
	\$	Traveler Signature	Date

College Approval	Date	Supervisor Signature	Date
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GRANT FUNDING ONLY

	PI Approval Signature (Grants only)	Date
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Benefit to the project: (REQUIRED) This statement certifies that the Principle Investigator has verified this travel and it is directly related to the scientific aims and/or the research strategy of this project.
