**The University of Texas at Tyler**

**Request for Approval of Travel**

Name:

Destination:

Dates of Travel:

Mode of Transportation (Air, Auto, etc.):

Purpose of Travel:

|  |
| --- |
|       |

Faculty class time arrangements:

Est. Time of Departure:

Est. Time of Return:

**Estimated Cost of Travel:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EXPENSE |  |  |  |  | COST |
| Personal Car\* | # of miles: |       | $ per mile: |       |       |
| Rental Car | [ ]  Yes | [ ]  No |  |  |  |
| Cost of Air Travel\*\* |  |  |  |  |       |
| Hotel\*\* | # of nights: |       | $ per night: |       |       |
| Meals (per diem)\* | # of days: |       | $ per diem |       |       |
| Registration Fees |  |  |  |  |       |
| Other Expenses |  |  |  |  |       |
| TOTAL FUNDS TO BE ENCUMBERED: |  |  |  |       |

 ***\* Check the following website for current travel rates:*** [***https://fmx.cpa.state.tx.us/fm/travel/travelrates.php***](https://fmx.cpa.state.tx.us/fm/travel/travelrates.php)

***\*\* Please note: All flights must be checked through Corporate Travel Partners FIRST, to determine if a better deal for the university is available.***

Departmental share of cost: $

Amount requested of deans’ office: $

Amount from other sources $

**Approvals:**

Dean’s Commitment Date Budget Authority Date

Requester Signature Date