

**UW-MADISON
TRAVEL APPROVAL REQUEST**

**This form is to be completed and attached to
Travel Expense Reimbursement requests paid in whole or in part on
Funds 101, 104, 108, 115, 118, 177, 402
Account Codes 2120, 2125, 2126, 2127, 2130 (employee out-of-state travel)**

TRAVELER'S NAME _____
DESTINATION _____
PURPOSE OF TRIP _____
DATE OF DEPARTURE _____ DATE OF RETURN _____
ESTIMATED COST \$ _____

Fund	Department	Program	Project/Grant

Other People Attending

- Yes No Is this travel essential and necessary for you to perform your duties?
- Yes No N/A Are you a conference presenter or panelist?
- Yes No N/A Could the business be accomplished through other means (teleconference, videoconference, etc)?
- Yes No N/A Are there alternative sites closer to campus that would result in lower travel costs?
- Yes No N/A In the case of travel to an event, is it necessary for more than one employee from a division to attend?
- Yes No N/A Could the information, instead, be shared with colleagues by the person who was authorized to attend?
- Yes No Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip?

Please provide an attachment to amplify on your response.

SIGNATURE OF TRAVELER _____

Supervisor

Dean or Director