REQUEST FOR TRAVEL APPROVAL Travel on University Funds Outside Santa Barbara Area

NAME	OF TRAVELER		
DEPA	RTMENT		
1.	FUNDS TO BE USED		
2.	DESTINATION		
3.	DURATION (Dates of Trip)		
4.	PURPOSE OF TRIP/JUSTIFICATION		
5.	ESTIMATED COS	Г:	
	Transportation		
	Meals & Lodging		
	Per Diem [*] See below		
	Other		
	Total	\$	
REQL	JESTED BY		
APPROVED BY			
		Department Head	(Date)
		Dean	(Date)
		Chancellor	(Date)
NOTE	Please attach the original of this form to Request for Travel Advance, Travel Expense Voucher or Form 5 Check Request, whichever is submitted first to Travel Accounting.		
	U.S. possession	authorized for all foreign travel; travel within A s, and continental U.S. travel lasting more tha rel in the 48 continental U.S.;use Meals & Lod	in 30 days. Do not