**THE UNIVERSITY OF TENNESEE, DEPARTMENT OF MATHEMATICS**

**FACULTY TRAVEL REQUEST**

**Note:** This form must be completed **even if your trip is being funded entirely from sources external to the University**. The completed form must be printed, signed, and **to Amanda 3 weeks** in advance for domestic trips / **5 weeks** in advance for international trips.

**Traveler’s Name: Personnel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I hereby request authority for travel on official business for the University of TN to the destinations, on the dates, and for the purposes indicated below:*

Are you giving an invited talk?  Yes  No Plenary/Main Speaker:  Yes  No

Duration of Talk:  less than 45 min  45 minutes – 1 hour  Multiple Talks

Is the host covering any expenses?  Full  Partial  No

If Partial: Airfare:  Full  Partial  No Local Lodging:  Full  Partial  No

Local Per Diems:  Full  Partial  No

**\_\_\_\_ Domestic Travel \_\_\_\_ Foreign Travel** - Date trip registered online via <http://cie.utk.edu/travel> **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Destination**: **ALL DATES/LOCATIONS ARE REQUIRED FOR PERSONAL+ BUSINESS TRAVEL** | | | | | |
| Beginning | | Ending | | Destination  City/State | Reason for Trip |
| Date | Time | Date | Time |
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List any accompanying travelers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_**

**Attachments**: UT policy requires detailed documentation, even if traveler is not claiming reimbursement for any travel expense(s):

* Invitation letter / conference itinerary / attendance confirmation email / flight information / conference hotel rate
* Abstract / description of research collaboration (esp. grant-funded travel)

**Estimated Expense**:

**Airfare** $ *(Attach flight itinerary if applicable. For business travel combined with personal travel,*

*a comparison airfare quote must be obtained on the same day and from the same source as the actual ticket purchased. Please see* [*Compliant Comparison Airfare*](https://www.math.utk.edu/dept/travel/) *for more detailed instructions. If you obtain your comparison fare in other way, then it must have all the required elements or you may not be fully reimbursed. Please see Amanda Worsham or contact World Travel with any questions.)*

**Lodging** $ *(If this is the conference hotel, attach documentation. If this is not a conference hotel, the lodging rate may not exceed the* [*CONUS*](https://www.gsa.gov/travel/plan-book/per-diem-rates) */* [*OCONUS*](http://www.defensetravel.dod.mil/site/perdiemCalc.cfm) *rate.)*

**Other transportation** $

**Conference registration** $ website:­

**Other expense** $ specify:

**Requesting meals per diem**

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| **Office Use Only:** per diems $ estimated total expenses: $ |

**Comments:** If travel will be charged on a grant, add comment(s) how this travel will benefit the project.

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| Account:   |  |  |  | | --- | --- | --- | | % Distribution | Cost Center/WBS Element | Internal Order | |  |  |  | |  |  |  |   Signature:  Date \_\_\_\_\_\_\_\_\_\_\_\_ Traveler\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Department Head \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ | |  | | --- | | **Department Head Only:**  total support from Math – **$ \_\_\_\_\_\_\_\_\_\_**  SARIF – **Yes**  date processed/submitted: |   11/08/2017 |  |