

Department of Mathematical Sciences
ABSENCE NOTIFICATION - TRAVEL REQUEST

PART (A):

NAME: _____ **DATE:** _____

DESTINATION: _____

DEPARTURE DATE: _____ **RETURN DATE:** _____

PURPOSE: _____

CLASS ASSIGNMENTS WILL BE HANDLED BY: _____

If requesting financial support from the department or grant, please complete the section below.

PART (B): ANTICIPATED EXPENSES

RR/Plane <i>(include boarding passes)</i>	\$ _____	\$ _____ Grant Funds (if applicable)
Shuttle	\$ _____	_____ (Acct. Title & Code)
Mileage @ 0.420	\$ _____	
Hotel Room	\$ _____	\$ _____ Department Funding Requested
Meal Costs	\$ _____	\$ _____ International Funding Requested
Registration Costs	\$ _____	(Complete separate ITA request form and attach)
Miscellaneous	\$ _____	Contingent on availability of Funds: Max \$500 Approval sent via email from ITA office.
TOTAL EXPENSE	\$ _____	

Funding Approval/ Pamela Irwin

Peter Monk, Chair