

# COLLEGE OF EDUCATION NOTIFICATION OF TRAVEL

EFFECTIVE JANUARY 1, 2006 ANY REIMBURSEMENT NOT COMPLETED WITHIN 60 DAYS WILL BE REPORTED AS TAXABLE INCOME

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Justification of proposed travel (e.g., conference, invited lecturer, personal, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Departure) (Return)

## TRAVEL DESTINATION INFORMATION

Destination: \_\_\_\_\_

Expenses will be reimbursed by University: Yes No Partial

If Yes, CFOAP(s) to be charged:

1. Account Number/Title: \_\_\_\_\_

2. Account Number/Title: \_\_\_\_\_

Scholarship/Travel Award: STF Hardie Other

Check any of the following you will use and estimated amounts:

UI Vehicle: \_\_\_\_\_ Personal Vehicle: \_\_\_\_\_ Registration: \_\_\_\_\_ Other: \_\_\_\_\_

T-Card: Airplane: \_\_\_\_\_ Train: \_\_\_\_\_ Hotel: \_\_\_\_\_

Total Cost Estimate for proposed travel using University Funds: \$ \_\_\_\_\_ University

Total Cost Estimate for funding from other non-University Entities: \$ \_\_\_\_\_ Non-University

*Note: Departmental Grant Accounts are University Funds*

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## SIGNATURES

\_\_\_\_\_  
Traveler's Signature Date Project Director/Supervisor Date

\_\_\_\_\_  
Dept. Executive (or Designee) Date College Executive (if Needed) Date