

WORKSHOP/SEMINAR APPROVAL REQUEST

NAME _____ DATE _____

DEPARTMENT _____

WORKSHOP/SEMINAR NAME _____

REASON FOR ATTENDING _____

OFFERED BY _____

STARTING DATE _____ FINISHING DATE _____

ESTIMATED CHARGES:

Travel _____
Lodging _____
Food _____
Registration Fee _____

Travel Account #: _____ Amount: _____

Development Account #: _____ Amount: _____

TOTAL COST: _____

REQUEST APPROVED BY:

Department Chairperson _____ DATE: _____

Division Vice President _____ DATE: _____

PLEASE NOTE: Attach a copy of the workshop/seminar program. If requesting payment of registration fee, please attach a requisition and check request for the amount, with appropriate signatures. Travel Advance Requests must be submitted at least 10 days before funds are needed.