

OLD DOMINION UNIVERSITY
ADVANCE APPROVAL FOR TRAVEL
 (required for all travel)
 (Attach original to Travel Expense Reimbursement Voucher)

Date	Department Name	Organization Code
Employee Name		Employee Phone Number

- REASON FOR TRAVEL (please check T)
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Conference/Convention | <input type="checkbox"/> Research |
| <input type="checkbox"/> Other
(please provide a brief description) | <input type="checkbox"/> Recruitment |

Departure Date: _____ **Return Date:** _____

Destination: _____

Expenditure Information

Transportation (airfare, bus, taxi, train, personal mileage, rental car)	\$
Lodging	
Meals	
Gratuities	
Conference/Convention Registration Fees	
Training or Course Fees	
Other (please explain)	
TOTAL	\$ _____

_____ Traveler's Signature/Soc. Sec. # _____	Approved (DESIGNEE): _____ Dean/Director ** _____ _____ Date
Date	Date

PLEASE DUPLICATE COPIES AS NEEDED

** Signer must report directly to a vice president.