

**UNIVERSITY OF WISCONSIN-LA CROSSE  
CBA TRAVEL APPROVAL REQUEST**

Traveler's Name\Department \_\_\_\_\_  
 Destination (city, state/country) \_\_\_\_\_  
 Purpose of Trip \_\_\_\_\_  
 (conf./seminar name; acronyms completely spelled out)  
 Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_  
 \*Estimated Cost \$ \_\_\_\_\_

Fund	Department	Program	Project/Grant

**Other People Attending**

Is this travel essential & necessary for you to perform and/or enhance your duties? This includes continuing education needed for licensure.  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a conference presenter or panelist?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Could the business be accomplished through other means (teleconference, Videoconference, etc)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Are there alternative sites closer to campus that would result in lower travel costs?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

In the case of travel to an event, is it necessary for more than one employee from a division to attend?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Could the information, instead, be shared with colleagues by the person who was authorized to attend?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide an attachment to amplify your response.**

**Budget:**

**Air Fare:** \$ \_\_\_\_\_  
**Ground Transportation:** \$ \_\_\_\_\_  
**Registration\Fees:** \$ \_\_\_\_\_  
**Lodging:** Rate \_\_\_\_\_ X Days \_\_\_\_\_ = \$ \_\_\_\_\_  
**Per Diem:** Rate \_\_\_\_\_ X Days \_\_\_\_\_ = \$ \_\_\_\_\_  
**Other: (Specify):** \_\_\_\_\_ = \$ \_\_\_\_\_

SIGNATURE OF TRAVELER: \_\_\_\_\_

Approved  Not Approved

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved

Dean or Division Head \_\_\_\_\_ Date \_\_\_\_\_