

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

Traveler's Name\Department _____
 Destination _____
 Purpose of Trip _____
 Date of Departure _____ Date of Return _____
 *Cost (see budget section) \$ _____

Fund	Department	Program	Project/Grant

Other People Attending

***If necessary, please provide an attachment to amplify the following responses.**

- Yes _____ No _____ Is this travel essential & necessary for you to perform and/or enhance your duties? This includes continuing education needed for licensure.
- Yes _____ No _____ N/A _____ 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 _____ Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip?

Budget:

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

SIGNATURE OF TRAVELER: _____

Approved Not Approved

Department Head _____ Date _____

Approved Not Approved

Dean or Division Head _____ Date _____