

**STAFF TRAVEL
APPROVAL FORM**

Name

Nutrition & Exercise Physiology

Title

Courses to be covered during absence:

EmplID

Date(s) of Travel:

Location(s):

Purpose of Absence:

Benefit to department:

Budget (check yes or no for each category and enter estimated amounts if reimbursement is requested).

	Yes	No	Amount
Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Travel**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Meals*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mileage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lodging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vehicle Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Total			<input type="text"/>

Do you wish to be reimbursed for actual meal expenses or daily meal per diem? _____

Source of funding

MoCode/PS account

*Please review University travel reimbursement policy prior to departure. ** This includes transportation costs (airfare and shuttle services such as: MoX).

<https://www.umsystem.edu/ums/rules/bpm/bpm500>

Staff Signature _____ Date _____

Department Chair's signature _____ Date _____

Dean's signature (if applicable) _____ Date _____