

Application for Travel Approval

Troy University

Date: _____

Name: _____ Title _____ Dept. _____

Purpose of Trip: _____

Dates of Trip: _____

Mode of Travel _____

Destination: City _____ State _____

Estimated Total Cost: \$ _____ Account Number _____

Signature of Proposed Traveler

Department Chairman or Dean check one:

_____ Professional meeting, seminar, workshop, etc. for professional development; 50% of total expenses allowable under existing laws.

_____ Professional meeting, seminar, workshop, etc. where TROY benefits and travel is directed by TROY; 100% of expenses allowed.

_____ Flat amount of \$ _____ allowable.

_____ Disapproved.

Department Head

Dean/Associate Vice Chancellor/Provost

Executive/Senior Vice Chancellor

President/Chancellor