

FACULTY TRAVEL AND/OR
ABSENCE APPROVAL FORM

Nutrition & Exercise Physiology

Courses to be covered during absence

Name
Title
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		Yes	No	Amount
Registration			<input type="text"/>	Mileage			<input type="text"/>
Travel (airfare)			<input type="text"/>	Lodging			<input type="text"/>

Meals (ONLY choose one of the following):
Actual Meal Expenses Meal Per Diems
NO Meal Reimbursement

Source of funding (MoCode):

By signing this form, I attest I will be a good steward of University of Missouri monies. (ie. Sharing costs with other faculty members/graduate students for hotels, purchasing airline tickets well in advance, alcohol will not be reimbursed, being conscious of the expenses you are incurring). Any costs exceeding the amount listed below will be the faculty member's personal responsibility. Faculty member is aware they will only be reimbursed for actual expenses and the remaining monies stay with the faculty mentor/PI.

Faculty signature _____ Date _____

Department Chair's signature (if applicable) _____ Date _____

Dean's signature (if applicable) _____ Date _____

***** PLEASE RETURN COMPLETED FORM TO LAURA FRANKLIN *****

Departmental Use Only:

Account Balance (attach print out): _____ Date _____