

FOLKLORE GRAD STUDENT TRAVEL APPROVAL FORM

Please review the English Department's travel policies, which apply to the Folklore Program as well. Your signature on page 2 indicates that the information below is accurate and that you have read the Travel Policy document.

Please complete **all relevant** portions of this form. For questions concerning travel contact: Debbie Hibbard (346-1504) or Marilyn Reid (346-1506.)

Name: _____ Date _____ Submitted _____
Destination(s): _____ Travel _____ Dates: _____

NATURE OF PROFESSIONAL ACTIVITY

- 1. Conference Participation** (*NOTE: Upon return submit a **conference brochure** showing the **agenda, conference dates** and any **meals/banquets/hosted events** as part of the conference.*)

Name of conference: _____ Location and dates: _____
(No acronyms!)

- Attending
 Presenting Paper - Title: _____
 Other (specify): _____

- 2. Other** (*Provide **business purpose**: start and end date(s), location, names and affiliations of individuals consulted, or places/ monuments, institutions you intend to visit, description of activity, and benefit to university. May need to be clarified upon return for reimbursement purposes.*)

Which classes will you miss during this time? _____

How will these classes be covered? _____

TRAVEL INFORMATION

- 1. Will you combine business and personal travel on this trip?**

No Yes. (*You must provide a quote showing the cost of airfare for a direct, round trip flight for the business portion of your trip, and the date of the quote must be the date you purchase your ticket.*)

- 2. Mode of Main Transportation:** (*NOTE: Mode of transportation should be the most economical one suitable for the purpose of the trip.*)

- a. **Air Transportation** (*coach/economy, no first class*)

- Date ticket required: _____ OR ticketing date: _____
- Contracted travel agency/agent's name: _____
 Away/Azumano (687-2250) Ambassador (686-1234) Premier (747-0909)
- Other/Agent's name (if available) and name of agency, or airline, or internet service:

Agency Internet travel service Commercial airline

b. **Other** (**NOTE: If you are traveling out of state on routes served by common air carriers but using other than air transportation, an airfare quote for the same itinerary must be obtained from one of the three contracted travel agencies. Reimbursement will be for the least expensive means of transportation taking into consideration cost of conventional terminal transportation.**)

- Personal Vehicle
- Rental Car (*must be economy unless 3 or more travel together*).

Justification for a rental car: _____

Agency name: _____ (**NOTE: Limited Damage Waiver (LDW) is required for all car rentals except if using state agreement with Enterprise.**)

Other (specify): _____

Itinerary

Depart	Date	Time	Arrive	Date	Time

Expenses	Funding Sources	Name	Amount
Airfare	Department Allocation		
Mileage miles @ per mile			
Ground Travel (shuttle, taxi, etc.) <i>(Receipts required for all train fare, and for ground travel \$75 or over. Tips cannot be reimbursed)</i>	Support from other sources (Provost, etc.) Documentation required!		
Registration Fee	Other		
Lodging days @ per day	Other		
Meals days @ per day	Other		
Miscellaneous (parking, phone calls etc.) <i>(Receipts required for parking claims and all miscellaneous expenses over \$25)</i>	Remainder to cover personally		
Total:	Total (must match expense total)		

Lodging rates (effective 1/1/10): Low cities and Oregon = \$111 per night. High cities = \$193 per night. International rates vary.
Meals: Low cities and Oregon = \$52 per night. High cities = \$65 per night. International rates vary.

(NOTE: Upon return you must present a hotel receipt that shows your name, dates of occupancy, and a zero due balance)

Notes: _____

TRAVELER'S SIGNATURE _____ **Date** _____
PROGRAM DIRECTOR APPROVAL _____ **Date** _____
DEPARTMENT HEAD APPROVAL _____ **Date** _____