

The University of Iowa School of Art and Art History

Travel Information / Approval Form

This form is for use within the School of Art and Art History

Do not forward this form to the Travel Office.

Name of Traveler:	Date of Preparation:

Destination City, State (optional for "personal" trip):	Funding Department:	Dept. Address:

Date of Departure MM/DD/YY:	Date of Return MM/DD/YY:

Travel is for the purpose of (must be on official business if at University expense, must be project related if charged to federal award):

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Courses/class sessions missed while on trip:

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Arrangements for instruction (give name of substitute, position, specific class periods and topics covered):

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Explain how you can be contacted (for travel during academic term, dept. should be able to contact you within 24-48 hours, see DEO for special arrangements):

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The University seeks to provide accommodations for individuals with disabilities. If you are an individual with a disability traveling on University related business and require special travel accommodations, contact the University Travel Office (335-0114) in advance of travel to determine what accommodations can be made and which accommodations require prior authorization in order to be reimbursable. Are special accommodations required?

NO Yes, please explain:

SIGNATURES (required for out-of-town travel during the academic term or travel paid from a department account):

Traveler _____ Date _____

DEO _____ Date _____

Optional—Enter MFK if expenses will be charged to an account administered by the Department of _____ :

Fund	Org	Dept	Subdept	Grant/Program	Inst Acct	Org'l Acct	Dept Acct	Fn	CCTR	Amount

Optional—If expenses are not charged to an account administered by the Department of _____, specify source of funds (not required for "personal" trip):

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