

Virginia Tech Department of Economics Travel Estimate and Approval Form

Use this form 1) To provide an estimate of travel expenses in accordance with departmental requirements, 2) To request approval for all international travel from the Office of Export & Secure Research Compliance, and 3) To request approval for international telecommunications services from Communications Network Services. After approvals are granted, a copy of this form must be attached to the department travel expense reimbursement voucher copy. Under policy restructuring, it is no longer a requirement to send this form to the Controller's Office.

TRAVEL INFORMATION

Name of Traveler: _____ Visitor Faculty Staff Student
 Address: _____ Mail Code: _____
 Telephone Number: _____ Birthday (international): _____
 Destination(s): _____
 Dates of Travel: FROM: _____ TO: _____
 Name of Dept. Head or Designee signing below _____

PURPOSE OF TRIP

1. Conference Travel:

- Giving a presentation or poster
- Serving as panel member, discussant, or chair
- Serving as an officer or board member
- Attending only
- Other please explain _____

2. Non-Conference Travel:

State Purpose: _____

CONFERENCE NAME (complete name): _____

Estimated cost for:

Transportation: _____
 Lodging: _____
 Meals: _____
 Conf./seminar fee: _____
 CNS approved services: _____
 Other: _____
Total Estimated cost: _____

Allowable lodging rates:

<u>Location</u>	<u>Amount</u>
_____	_____
_____	_____

<u>Funding Source:</u>	<u>Fund Name</u>	<u>Fund #</u>	<u>Amount</u>
Department	_____	_____	_____
Grant	_____	_____	_____
Start-Up	_____	_____	_____

TRAVEL REQUEST SIGNATURES/APPROVALS

TRAVELER: _____ Date: _____
 DEPT. HEAD OR DESIGNEE: _____ Date: _____
 ADDITIONAL FUNDING MANAGER: _____ Date: _____

ADDITIONAL APPROVAL/REVIEW REQUIRED FOR INTERNATIONAL TRAVEL

OFFICE OF EXPORT & SECURE RESEARCH COMPLIANCE (OESRC): (REVIEW required for all international travel. Send a copy to agland@vt.edu or to mail code 0497). If OSP approval is required, OESRC will forward to OSP.

OFFICE OF SPONSORED PROGRAMS (OSP): (APPROVAL required only when funding source is a grant) _____ Date: _____