

FACULTY TRAVEL AUTHORIZATION FORM

STEP ONE Fill in the following basic information

NAME: _____ DATE OF REQUEST: _____
 DEPARTMENT: _____ DATES OF TRAVEL: _____
 FOR TRAVEL TO (CONFERENCE NAME & LOCATION): _____

I WILL: ___ Present Paper ___ Chair Session ___ Comment at Session ___ Officer Other: _____
 I NEED: ___ Laptop Computer ___ Projector ___ Other equipment/help from IIT, if available _____

STEP TWO Estimate your expenses in Column One

Categories	COLUMN ONE Estimated Expenses	COLUMN TWO Final Expense	Amount to be reimbursed	Amount on St. Olaf card
Airfare				
Mileage @ \$.485/mile (car trips) _____ miles				
Airport/Northfield (\$37 per RT)				
Conference Registration				
Hotel				
Meals (max \$40/day, receipts required)				
Taxis and rental cars				
Parking				
Other _____				
Other _____				
TOTAL REQUESTED:				

STEP THREE Give this form to your department chair for authorization.

Signing indicates support of this activity Approved by _____ Department Chair	For Department Chair Use
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STEP FOUR Department Chair or AAA: Please send this form to the Dean of the College Office.

FACULTY TRAVEL BUDGET Authorized by: _____ \$ _____		Dean's Office Use: Prior Requests 200__ Dean _____ Dept _____
OTHER BUDGET # _____ Authorized by: _____ \$ _____ Associate Dean		200__ Dean _____ Dept _____

For Dean's Office Use	Total Amount Authorized	
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