UW-PARKSIDE OUT-OF-STATE TRAVEL PRE-APPROVAL REQUEST

TRAVE	LER'S NAM	1E					
DESTIN	IATION	_					
	SE OF TRIP	-					
	OF DEPART	_		DATE OF RETURN			
	ATED COST	_	\$	_ = ===================================			
LSTIM	1122 0001		Ψ	_			
Departm	ent Name		Fund	Department	Program	Project/Grant	
•				•		•	
			Other People A	ttending			
Yes	No		Is this traval assential &	necessary for you	to parform voi	ur dutios?	
Yes	$\frac{10}{10}$ $\frac{1}{10}$	N/A	Is this travel essential & necessary for you to perform your duties? Are you a conference presenter or panelist?				
Yes	No _	N/A	Could the business be accomplished through other means (teleconference, Videoconference, etc)?				
**							
Yes	No	N/A	Are there alternative sit costs?	es closer to campus	that would res	sult in lower travel	
Yes	No	N/A	In the case of travel to a	an event, is it necess	sary for more t	nan one employee	
			from a division to attend	d?	-		
Yes No N/A Could the information, instead, be shared with colleagues by the personal content of the content of							
was authorized to attend?Yes No Could the trip be postponed or canceled? What is the fiscal con							
postponing or canceling the trip?							
			L L	, r _F .			
Please p	rovide an att	achment to an	plify on your response.				
SIGNATURE OF TRAVELER_							
SIGNA	IUKE OF II	NAVELEN					
A _I	pproved	Not Appro	oved				
Departm	nent Head / C	Chair			Date		
Ат	proved	Not Appro	oved				
A ₁	oproved	Not Apple	yed				
Dean					Date		
Ap	proved	Not Appro	oved				
Chancel	lor / Provosi	t / Vice Chanc	ellor	Date			