DEPARTMENT OF MATHEMATICS
PRE-TRAVEL/REIMBURSEMENT REQUEST

A 'Pre-travel/Reimbursement Request' is required by the University of Oklahoma <u>prior</u> to actual travel and/or purchase of your airline ticket(s). This applies to any travel related to your profession/employment by the University of Oklahoma from any state money (including grants, foundation account, etc.). If you prefer the Department purchase your airfare, you <u>must</u> provide an itinerary from a state approved agency issuing the ticket(s) with this request. In order to receive any approved reimbursement, paid receipts for everything except food are required, as well a flyer/invitation showing the date(s) and place of the conference/seminar you are attending. The flyer/invitation must state designated lodging if you are claiming lodging reimbursement.

Date: _____   **Are you a U.S. Citizen: [ ] Yes   [ ] No**

Your Name: _____   Social Security # _____

Date of Departure: _____   Time of Departure: _____ [ ] a.m. [ ] p.m.

Date of Return: _____   Time of Return: _____ [ ] a.m. [ ] p.m.

<u>**Purpose of this travel**</u>: [ ] Conference/Seminar   Presenting an: [ ] Invited Talk/Paper   [ ] Research
                [ ] Other: _____

<u>**Conference/Seminar:**</u> _____

    City: _____   State: _____

<u>**Source of Support**</u>:
    [ ] Department @ $ _____   [ ] College @ $ _____   [ ] ORA @ $ _____
    [ ] Conference/Seminar Sponsors @ $ _____
    [ ] Grant # _____ @ $ _____   Grant # _____ @ $ _____
    [ ] Other: _____   Amount: $ _____

<u>**Anticipated/Requested Expenses:**</u>

Airfare: $_____   Hotel: $_____ (Designated Cost/Night)
                         $_____ (Non-designated Cost/Night)

Vehicle: [ ] Private Vehicle   [ ] Taxi/Shuttle: $_____   [ ] Train: $ _____
        [ ] OU Vehicle   [ ] Other: _____

Registration Fee: $_____   Per Diem: $_____ (Department does not pay per diem)

    [ ] Please purchase my airline ticket. Attached is the travel agency's itinerary.

If you are sharing lodging be sure you obtain a separate receipt for your portion of the lodging cost. This receipt <u>must</u> show that you paid your portion ($0 balance due). If you are sharing lodging with another person(s) please provide his/her name(s):

_____   _____

DO NOT WRITE BELOW HERE – DEPARTMENT USE

Date: _____   Authorization #: _____   CUFS: [ ] 8200   [ ] 8220

Travel Agency: _____   Ticket Amount: $_____   Date Done: _____

Department Funds Used To Date: $ _____   Amount Approved By Chair: $ _____

Chair Approval: _____   Date: _____