

Department of Mathematics
TRAVEL PLANS

Fill out this form if you anticipate requesting travel-related prepayments or reimbursements from funds administered by the Mathematics Department or from any other source within the University of Missouri for which the Department has or shares an oversight role. This form must be pre-approved by the Chair or his chosen delegate before travel takes place. This form would also be needed for insurance claims based on business-related travel. Note that you may also need to submit a Declaration of Absence form.

Name: _____

Date of departure: _____

Date of return: _____

Destination(s) (if multiple, give applicable dates):

Purpose of trip:

Source(s) of funding:

Your contact information while away (if multiple sets of information are warranted, list separately with applicable dates, or fill out multiple sheets):

Emergency phone number: _____ Fax number: _____

Cell phone number: _____

Address where you can be reached:

Please see other side

If your intended means of travel may not be the most economical standard means of arriving at your destination, please check here & explain:

Faculty sponsor (if you expect funds for your travel to come from a faculty member's grant or other funds; this would most typically apply to postdocs, visitors, or graduate students):

Signature: _____ Date

Approved:

Mark S. Ashbaugh, Chair Date