**Travel Prior Approval Request Form**

|  |  |
| --- | --- |
| Traveler’s Name/PID: |  |
| Conference/Meeting/Program Attending: |  |
| Travel Destination (City, State, Country):  **\*(see note below)** |  |
| Travel Purpose/Reason for Attending: |  |
| Travel Dates: |  |
| Will you request a travel reimbursement from UNC upon your return?  If so, what Chartfield will be used? |  |
| Is there a personal component related to this travel? If yes, please detail what days are excluded from reimbursement. |  |

\* **If foreign travel & related to UNC business, UNC Global Travel Registry & coverage in UNC Travel Insurance Program (at least 7 days prior to trip) is mandatory. Please see Office Staff for assistance.**

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Traveler’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding PI’s Signature Date

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Chair’s Signature (if personal days are included) Date

**Submit completed Prior Approval Travel Request Forms to Sausyty Hermreck (sausytyh@med.unc.edu) no less than 10 days before travel start dates. (30 days before travel start date if for foreign travel paid from a grant account that may require foreign travel approval from Office of Sponsored Research.)** Once forms are signed/approved they will be placed in employee personnel files for audit purposes. Employees will be notified when their forms have been approved. Please refrain from making travel arrangements until approval notification is received.

All business travel must support the mission of the University of North Carolina, receive the appropriate approvals, and be carefully planned to ensure that expenditures are necessary, prudent, and as economical as possible. A University employee traveling on official business is expected to exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business and expending personal funds. Excess costs that have not received prior-approval from the appropriate authority, circuitous routes, delays, luxury accommodations, and luxury services that are unnecessary or unjustified in the performance of official business are not acceptable under this standard.

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**Travel Reimbursement Request Form**

**(turn in with receipts upon return)**

|  |  |
| --- | --- |
| Traveler’s Name/PID: |  |
| Travel Destination (City, State, Country): |  |
| Travel Dates: |  |
| Registration: (if paid out of pocket) |  |
| Airfare (if paid out of pocket): |  |
| Baggage Fees: |  |
| Lodging: |  |
| Mileage: |  |
| Taxi/Bus/Train/Uber: |  |
| Parking: |  |
| Days requesting Per Diem: |  |
| Other (ferry, internet, etc) : |  |

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