

PRE TRAVEL REQUEST FORM

This form is to be used to obtain pre-approval from your supervisor for your travel plans. Please forward the completed form along with any necessary attachments to Joellen Buckio (Joellen_Buckio@med.unc.edu) with "Lastname_Pretravel" in the subject line no later than the below:

For in-state travel: No less than 4 weeks prior to your trip

For out-of-state travel: No less than 4 weeks prior to your trip

For international travel: No less than 6 weeks prior to your trip

In rare events that minimum requested notice cannot be provided, this form will require approval from the department chair or associate chair.

GENERAL INFORMATION

Date of Request:

Traveler's Name: PID:

Travel Location:

Purpose of trip (include presentations to be made and benefit to project):

Departure Date/Time:

Return Date/Time:

Departure and return date should be no longer than 1 day before and 1 day after business event.

Traveler Signature/Date

Supervisor Signature/Date