TRAVEL REQUEST FORM- Chemistry Department

-Complete this form for travel $$- BEFORE your trip.

-Submit this completed form via email, fax or hard copy to attention of Sandy Fairchild SLF1@buffalo.edu

-369 NSC Chemistry Dept.

-The form will be reviewed and you will be emailed with travel forms and instructions.

-It is strongly recommended that you do not make any travel arrangements before notification !!!!!!!

Today's Date

_________________

Traveler name

____________________________________________________________________________________

Are you on NY State payroll?  _____ YES  _____ NO

email address

____________________________________________________________________

phone number

645- ______________________________

travel dates

____________________________________________________________________

destination

city _______________________________________________________

state/province -if applies ___________________________________________________________

country    _________________________________________________

Please give the complete name (NO acronymns) of the professional activity, conference, etc:
____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Please describe the nature of your involvement in the activity:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

ESTIMATED travel expenses $$ requested from UB sources for this trip:

Airfare

_________

Amtrak train

_________

Personal auto mileage

_________

Hotel/lodging

_________

meals

_________

registration

_________

rental car

_________

other

_________

total trip estimate $  0  to be funded as below:

UB Funding source if known:  Requested $  Received $

Chemistry dept

_________  _________

Your account -

other________

other________

other________

other________

totals

_________  _________

revised 9/10/13