University of Illinois at Urbana-Champaign DEPARTMENT OF SOCIOLOGY

REQUEST FOR PREAPPROVAL OF UNIVERSITY TRAVEL

This form must be completed and submitted to the Department for approval ***prior to taking the trip***.

Please use Adobe Acrobat or Acrobat Reader to complete form if possible.

**Traveler’s Name: Part I**

**UIN:**

Destination (City, State, Country)

Departure Date

Return Date

Purpose of trip and comments (If attending a conference write the name and conference website address if available.)

**Part II**

If applicable, how will teaching duties be covered during this travel time? (Write N/A if not applicable.)

**Part III**

Estimated travel costs:

$

CFOP (Account Number)

C-Fund-Organization-Program Code

CFOP Title (Shown after Program Number on statement)

1-xxxxxx-324000-xxxxxx

**Part IV**

Traveler's Signature

Date submitted

Approval Signature & Print Name

Date