

**Missouri State University - West Plains Campus
Office of Academic Affairs
TRAVEL REQUEST**

Name: _____ **Date:** _____

Division / Department: _____

Destination: _____

Date Leaving: _____ **Date Returning:** _____

Reason for Travel: _____

NOTE: For conferences: Written report must be submitted within 30 days of return date.

Estimated Cost of Travel	
Meals	\$ _____
Travel	\$ _____
Lodging	\$ _____
Conference Registration	\$ _____
Total	\$ _____

Is the travel during class or work time?
Yes: _____ **No:** _____
If yes, how are the classes or office responsibilities being covered?

NOTE: You MUST have estimated mileage and Dean's signature to reserve a vehicle

Vehicle estimated mileage: _____ miles X .37 \$ _____

Approve

Disapprove

Department Head Signature

Date

Approve

Disapprove

Associate Dean / Supervisor's Signature

Date

Approve

Disapprove

Dean of Academic Affairs Signature

Date