

**College of Education Pre-Travel Approval Request**  
Must be submitted to your department head in advance\* of proposed travel.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Curriculum & Instruction Department     Kinesiology Department     Teacher Education Department

Local (San Angelo area within 60 miles)     In-state     Out-of-State     International  
7 days in advance                                      30 days in advance    30 days in advance    60 days in advance

Destination: \_\_\_\_\_

No. of People Traveling: \_\_\_\_\_ Names: \_\_\_\_\_  
(Justification attached for 2 or more)

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_  
Arrangements must be made to cover your classes, attach course list with class dates/times and who is covering your classes for each one. Using outside assignments is discouraged unless the course is web or web-blended.

**Purpose of Travel:** *See Travel Guidelines to properly complete this section.*

**Professional Development:**

Presenting at Professional/Academic Conference \_\_\_\_\_

Attending a Professional/Academic Conference (not presenting) \_\_\_\_\_

Attending a Professional/Academic organization meeting as a state/national officer of the organization  
\_\_\_\_\_

Collaborative workshops with professional colleagues from other universities or ISDs  
\_\_\_\_\_

Collaborative workshop with professional colleagues from other universities or ISDs (not requesting university funds to cover travel expenses or attendance costs) \_\_\_\_\_

Other \_\_\_\_\_

**Business Travel:**

Teaching at remote location \_\_\_\_\_

Attend business meetings \_\_\_\_\_  
(SBEC, THECB, CSOTTE, TAHPERD, etc.)

Travel to accompany a student group \_\_\_\_\_

Other \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

**Type of Transportation:**

private car    university vehicle    air    rental vehicle    other \_\_\_\_\_

request for university/department funds for expenses    no request for university/department funds for expenses

Airfare Expense: \$ \_\_\_\_\_ Meals Expense: \$ \_\_\_\_\_ Lodging Expense: \$ \_\_\_\_\_

Mileage Expense: \$ \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
(include taxes, internet, parking, etc)

**Estimated cost of entire trip: \$ \_\_\_\_\_**

**\*YOU ARE REQUIRED TO MAKE YOUR OWN HOTEL RESERVATIONS UNLESS OTHERWISE INFORMED.\***

Justification of travel:

**Post-Travel Obligations:** *See Travel Guidelines.*

Peer Presentation    Brown Bag Lunch    Professional Article    Published Paper

Webpage    Other Explain: \_\_\_\_\_

Date you plan to fulfill your obligation: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved   Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head

Not approved   Reason for denial: \_\_\_\_\_

No funds available at this time.

Approved travel will generate an ASU Travel Authorization Request Form by the Departmental Secretary to be signed by the faculty member and the appropriate administrators.