



Traveler Information and Signature Section:

Traveler's Name: _____ Department: _____

Destination: _____

Purpose of Trip: _____

Date of Departure: _____ Date of Return: _____

Estimated Cost: \$ _____

How will the trip be paid for? PDP \$ _____

Grant \$ _____ Grant Org Code: _____

Other \$ _____ Please specify: _____

Name(s) of any other UW-W faculty/staff attending: _____

Note to traveler: You are welcome to provide an attachment to help justify your travel.

Traveler's Signature: _____ Date: _____

Department Chair/Supervisor Approval and Signature Section:

Not Approved Approved If approved, will department/unit provide a match? No Yes, \$ _____

Dept. Chair/Supervisor Signature: _____ Date: _____

Dean/Division Head Questionnaire, Approval, and Signature Section:

Is this travel essential and necessary for traveler to perform his/her duties? No Yes

Is the traveler a conference presenter or panelist? No Yes N/A

Could the business be accomplished through other means (video/teleconference)? No Yes N/A

Are there alternative sites closer to campus that would result in lower travel costs? No Yes N/A

Is it necessary for more than one employee from a division to attend? No Yes N/A

If so, could the information, instead, be shared with colleagues by the traveler? No Yes N/A

Could the trip be postponed or canceled? No Yes N/A

What are the fiscal consequences of postponing or canceling the trip?

Not Approved Approved

Dean/Division Head Signature: _____ Date: _____

Traveler will receive \$ _____ (from PDP funds), a match of \$ _____ (from department/other funds), and a match of \$ _____ (from COBE funds) for a total amount of \$ _____.

UNIVERSITY OF WISCONSIN-WHITEWATER

REQUEST TO BE ABSENT FROM CAMPUS

Name of Requestor: _____

CHECK ONE:

NON-BUSINESS:

_____ VACATION Dates: _____

_____ LEAVE WITHOUT PAY Dates: _____

_____ PLANNED SICK LEAVE Dates: _____

BUSINESS:

_____ TRAVEL WITH REIMBURSEMENT FOR EXPENSES

_____ TRAVEL WITHOUT REIMBURSEMENT FOR EXPENSES

ITINERARY FOR BUSINESS RELATED ABSENCE: (Include dates/destination/purpose)

Account to be charged: _____
(Org Code)

Requested by Date

Supervisor Approval Date
(Signature or copy of forwarded email)

Estimated Expenses:

Automobile _____

Transportation _____

Meals _____

Lodging _____

Registration _____

Other _____

TOTAL \$ _____

Dean or Division Head Date

Dean/Division Head Approval (signature required or forwarded e-mail for travel with reimbursement for expenses.)

This form, when approved by supervisor, provides proof that travel status was "in line of duty," and that The purpose was conducting business on behalf of the University of Wisconsin-Whitewater.

You are, therefore, exempt from payment of Wisconsin Sales and use tax for meals and lodging under s.77.54(9a) Wisconsin Statutes. The University of Wisconsin System is not issued a State Tax Number since it is specifically excluded from the tax under s..77.54(9a) Wisconsin Statutes.