MERCY UNIVERSITY

Travel Pre-Approval Form

Attach this form to the "Employee Travel and Meal Reimbursement Form"

Employee (Traveler) Name		**CWID**	
Department / School			

Purpose of Travel (Attach conference/meeting brochure)

Departure Date	
Return Date	
Destination	
FOAPAL / Accounting Codes	

Total Estimated Cost of Trip	
Registration Fee	
Airfare / Train fare (circle applicable)	
Lodging	
Meals	
Other (specify)	
Total Estimated Cost	0

AUTHORIZATION

I certify that this travel is necessary and that the required funds are available for expenditure.

_____ _____

Employee (Traveler) Signature **Date**

_____ _____ _____

Dean Name **Dean Signature** **Date**

_____ _____ _____

Office of the Provost Staff Name **Office of the Provost Staff Signature** **Date**