

Request for Authorization to Travel

TRAVELER AND DEPARTMENT INFORMATION	
Name:	
Title:	
Organization:	
Date of Request:	
TRIP INFORMATION	
Purpose/Justification of the trip and how CWRU will benefit:	
Departure Date:	Return Date:
Destination(s):	
Approximate Expense of Trip:	
CONTACT INFORMATION	
Contact Information for Traveler during Trip:	
Contact Person within Organization during Absence:	
TRAVEL SUPPORT	
Source of Funding:	
Case	<input type="checkbox"/>
Grant	<input type="checkbox"/>
Other	<input type="checkbox"/>

Absence Approved: Yes No

Supervisor
Department of Chemistry
College of Arts and Sciences

Date