

# Memorial Union Travel Authorization Form

We are glad you have decided to enhance your skill sets in order to continue to find new and improved ways to serve students. Please use this form to request funding for professional training. Please remember, no travel arrangements can be made without approval. If a presentation proposal had been accepted, you still need to gain approval for travel before making travel arrangements. Thank you.

If you have any questions about registration, please talk to your supervisor.

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## Description

Staff Member Name

Conference Name

Organization Sponsoring Conference

Conference Web Site URL

Conference Dates (example:03/21/2012)

Departure Date

Return Date

Location Venue

Location City and State

Type of Conference

Regional

National

Other

## Costs

What is the current balance of annual travel allocation?

Conference Registration Fee

Pre-conference workshops, tours, other - please specify;

1) the activity or activities

2) What is the cost(s)

Major form of transportation: (plane, state fleet, personal car, etc.) - please specify;

1) form of transportation

2) the cost

Airline luggage fee (to and from total)

Transportation type to and from hotel: (shared van ride, cab, personal car, etc.) - please specify;

1) the form of transportation

2) the cost

Lodging total: - please specify;

1) the hotel rate (hotel rate x number of days)

2) the hotel taxes (hotel tax rate x number of days)

3) the total hotel cost (add lines 1 & 2)

Food total: Per diem rate, multiply by number of days (exclude meals provided)

Please open a [separate web browser tab](http://www.gsa.gov/portal/category/21287) and copy and paste this link to look up per diem rates - <http://www.gsa.gov/portal/category/21287>

Other costs: - please specify;

1) the activity

2) the cost

Total of all costs listed above

Please list any cost saving strategies (roommate, early bird rate, etc.)

## OUTCOMES

Brief description/purpose of the conference you wish to attend:

What are three ideas or concepts you are hoping to bring back from this conference?

How does this conference support the mission and goals of the Memorial Union?

Are you planning to submit a presentation for this conference? If so, what is the title and brief description?

Have you been selected to present at this conference? (please know this does not automatically qualify you to attend the conference or be reimbursed).

By what date is response to your request needed? (Please allow 72 hours for approval.)

Thank you for taking the time to fill out this request form. Please submit this form to the Director of the Memorial Union for approval and please carbon copy your supervisor.

Please fill out and turn in your post-conference form within 72 hours after returning from your conference. Thank you!