

Folklore Travel Authorization Form

Please complete all relevant portions of this form.

Name: _____ UO ID: _____ Email: _____

Destination: _____ Travel Dates _____

Name of conference (please, no acronyms!): _____

Conference location: _____ Conference dates: _____

Title of paper: (Please attach a copy of invitation) _____

If Instructor of record of a current term class, which class or classes will you miss during this time?

How will these classes be covered? Please provide details such as the name of the person covering your class.

Estimated Expenses

Airfare		Lodging	
Driving? Est. miles _____		Meals	
Shuttle and/or taxi expenses		Other	
Registration fee		Total expenses	

If you will receive financial support for this trip from another program or department, please list the name of the program or department and the amount of support: Department or program: _____ Amount _____

Remember to submit your boarding passes or your hotel receipt within one week of your return date

By signing below I acknowledge that I have read, understand, and agree to comply with award criteria and procedures.

Traveler's Signature _____ **Date** _____

Staff Review _____ **Date** _____

Director Approval _____ **Date** _____