

College of Engineering and Computing

Authorization for International Travel

This form should be completed and submitted to cec@mst.edu thirty (30) days prior to travel.

Name:	Dates of Travel (Indicate any personal travel):		
Destinati	on:		
Purpose of Travel (Including conference details, names of people visiting and any links):			
Authority Delegate (If Applicable) Name and Contact Info:			
Class Arr	angements:		
	I will be using the following t	funds (Check all that apply):	
Departmental Funds (i.e., departmental match)		Other Funding (i.e., SRI, distance, start up, OURE)	
Grant/Contract Funds (i.e., NSF)		No Missouri S&T Funds	
If Missouri S&T funds are being used please indicate the anticipated account and estimated percentage being charged to each below:			
Source of Travel Funds:			
Fund Na:	me:	Fund Name:	
MoCode:	Account Percentage:	MoCode: Account Percentage:	
Estimate	d Expenses:		
Transportation Costs (including rental car, airfare, train, mileage($\$.37 \times mile$), etc.):			
Registrat	ion Fee:	Hotel:	
Meal Rei	mbursement:	Misc. Travel Expense:	
Total Re	quested:		
<u>1 nave ev</u>	raluated this travel and found it to be nece	ssary.	
APPROVED:	DATE:	APPROVED:DATE:	
	Traveler	Department Chair	
APPROVED:	DATE:	APPROVED:DATE:	
-	Dean	PTOVOST	
OFFICE USE ONLY			
	International Translation to Profession Vess / No.		