

# In State Travel Checklist

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Travel Dates: \_\_\_\_\_

The attached In State Travel Request was received in the Department of \_\_\_\_\_ by \_\_\_\_\_ and has been checked and includes the following required items:

***Application to be Away from Assigned Duties*** form

Breakdown of expenses, such as mileage

Conference/Trip information (brochure/invitation, etc)

Faculty allocation amount **REQUESTED** from Dean's Office funds (if applicable)

Departmental org number and amount to be charged (if applicable)

Appropriate Signatures on all forms:

Traveler

Department Chair

Dean's office

Submitted to Academic Affairs by: \_\_\_\_\_