**UW-Madison Out-of-State Travel Approval Form**

*This form is to be completed in advance of traveling and must be attached to payment/reimbursement requests paid in whole or in part on Funds 101, 104 or 402.*

**Traveler’s Name:**

**Destination:**

**Purpose of Trip:**

**Date of Departure:** **Date of Return:**

**Estimated Trip Cost:**

**Intended Funding Source: Fund:** **Department ID:** **Program:** **Project:**

**This trip is approved for the following reason(s):**

Travel is essential and necessary for you to perform your duties

You are a conference presenter or panelist

The business could not be accomplished through other means (e.g. teleconference)

There were no alternative sites closer to campus that would result in lower travel cost

The trip could not be postponed or canceled without significant fiscal consequence

Other (please explain):

**Approvals**

|  |  |
| --- | --- |
| **Traveler** |  |
| **Department Head** |  |
| **Dean/Division Head** |  |