DEPARTMENT OF ETHNIC STUDIES TRAVEL / LEAVE FORM

Date:	
Faculty Name:	
Please note: 1. You must rent vehicles from rental agencies as noted in Concur 2. Airfare should be purchased through Concur Travel and Expens 3. Airfare cannot be purchased on your travel or procurement car 4. Please do not use travel card for direct food purchases while or the end of your trip. 5. All international travel requires prior University approval throut to process.	se or Christopherson Business Travel (CBT). rds. n your trip. Per-Diem will be reimbursed to you at
What is your travel destination?	
Date of departure: Date of i	return:
Business Purpose of Travel/Leave (please explain how this re	elates to official University business)
Conference Name (no acronyms)	
Is this a University sponsored trip? Yes No	
If yes, which speed type will we use to pay for your travel? _	
(Expense approved required for speed type)	
Will you miss any classes you are currently teaching? Yes	No
If yes, list class(es), and describe arrangements you have ma	ade to cover your class:
Emergency Contact Person Name/Contact info:	
Additional Notes:	
Faculty Member Signature	Date
Arturo Aldama , Chair, Ethnic Studies	Date