



COLLEGE OF BUSINESS

Academic Conference Travel Approval Form

TRAVELER INFORMATION	
Traveler Name:	Today's Date: November 1, 2018
Department:	
Purpose of Travel:	
CONFERENCE INFORMATION	
Travel Dates:	
Location (city, state or country if foreign):	
Sponsoring Organization:	
Scope of Organization:	<input type="checkbox"/> Top academic association in discipline <input type="checkbox"/> National/international academic association or affiliate <input type="checkbox"/> Regional/local academic association <input type="checkbox"/> Other (specify)
Website URL (if available):	
SESSION INFORMATION	
Please attach sheets for the following information: <i>(check attached items)</i>	
	<input type="checkbox"/> Presentation or paper acceptance letter <input type="checkbox"/> Program/session information <input type="checkbox"/> Paper or abstract for presentation <input type="checkbox"/> Participation as track chair/session chair/conference officer <input type="checkbox"/> Other (specify):
Explain the significance of this activity in your research agenda and professional development:	
For foreign travel, explain the importance of this conference over conferences held domestically:	
TRAVEL EXPENSE ESTIMATES	
<i>(Please complete Concur Travel Expense itemization on next page)</i>	
Total Travel Expense from next page: \$	-
Amount of Funding Requested:	
Other Funding Sources: \$	-
COLLEGE APPROVALS	
Department Chair:	Approval Date:
Dean:	Approval Date:
Approved Amount: \$	
Account Number:	
Comment:	

Concur Travel Authorization Request

Please attach a copy of acceptance letter and a copy of the program

Traveler's Name:	
Destination:	
Foreign Travel:	Yes or No If yes, please visit the website below for travel warnings and print http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html
Dates of Travel:	
Account Number:	
Purpose:	
Benefit:	TAMUCC and CLBA will benefit through professional development, to keep credentials current and updated for accreditation purposes and for the benefit of the students.

Per Diem Website: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Please print and attach to request

Lodging				TOTALS
Per Diem Rate:	\$ _____			
Higher Lodging:	Yes or No *If yes, need Dean's approval			
# of Nights:	_____ X \$ _____ =	<i># of nights</i>	<i>hotel rate</i>	\$ _____
Transportation				TOTALS
Airfare:	\$ _____			\$ _____
Taxi:	\$ _____			\$ _____
Rental Car:	\$ _____			\$ _____
Mileage:	_____ X _____ =	<i>Mileage</i>	<i>Per Diem Rate</i>	\$ _____
Meals				TOTALS
Per Diem Rate:	<i>Per day</i>			
# of Days:	_____ X _____ =	<i># of days</i>	<i>Per Diem Rate</i>	\$ _____
Incidentals				TOTALS
Registration:	\$ _____			
Other:	_____ =			\$ _____

Total Amount of Authorization Request

NOTES: All Receipts **MUST** be submitted even for meals!!
 All receipts **MUST** indicate the method of payment.
 If paid with a credit card then the last 4 digits of the credit card number should be reflected on the receipt.
 Hotel receipts **MUST** reflect a \$0.00 balance.

Concur Routing	
AR Creator	
Faculty Member	
Dept. Chair	
Bookkeeper	
Dean	