**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** |  |