

TECHNOLOGY TRANSFER TRAVEL APPROVAL REQUEST FORM

LTRC USE ONLY

DATE OF RECEIPT:

STATE PROJECT NO.:

PART 1 TRAVEL REQUESTED

1. PERSON(S) REQUESTING TRAVEL:		2. UNIVERSITY/AGENCY:	
3. ADDRESS:		4. DESTINATION/ITINERARY:	
5. DATE OF DEPARTURE:		6. DATE OF RETURN:	
7. PURPOSE OF TRAVEL (E.G. CONFERENCE ATTENDANCE/PRESENTATION, SITE VISIT, ETC.):			
8. EXPLANATION: EXPLAIN HOW THIS IS RELATED TO THE PROJECT TO BE CHARGED			
9. LTRC PROJECT NO.:		10. PROJECT TITLE:	
11. TOTAL COST OF TRAVEL (INDICATE \$0 IF TRAVEL WILL BE REIMBURSED BY THIRD PARTY AND NO STATE CHARGES MADE):		12. IS THIS A BUDGETED ITEM?	13. IF NOT A BUDGETED ITEM, EXPLAIN:
\$		YES <input type="checkbox"/> NO <input type="checkbox"/>	

PART II APPROVAL

RECOMMENDED BY GROUP MANAGER:	DATE:
RECOMMENDED FOR APPROVAL BY ASSOCIATE DIRECTOR, RESEARCH:	DATE:
APPROVED BY DIRECTOR, LTRC:	DATE:

COMMENTS FOR DISAPPROVAL: