

EXPENSE PRE-APPROVAL FORM

Name: _____

☐ Employee

Department: _____

☐ Student

Purpose of Expense: _____

Estimated Costs:

Flight	
Accommodations	
Meals (Meals with Receipts, Per Diems, Hospitality)	
Transportation (Rental, Taxi, Parking, etc.)	
Conference Registration	
Professional Development	
Professional Membership	
Other Expenses (provide comment below)	
Total Estimated Cost:	\$ 0.00

Travel Information:

(if applicable)

Destination(s):

Departure Date: _____

Return Date: _____

Details of "Other Expenses":

Fund				Organization				Program		
										\$ 0.00

Claimant Signature:

Print Name

Signature

Date

One-over-one Approval:

Print Name

Signature

Date

Financial Authority Approval:

Print Name

Signature

Date