

**COLLEGE OF EDUCATION  
NOTIFICATION OF TRAVEL**

**EFFECTIVE JANUARY 1, 2006 ANY REIMBURSEMENT NOT COMPLETED WITHIN 60 DAYS WILL BE  
REPORTED AS TAXABLE INCOME**

Name: \_\_\_\_\_ UI ID Card Number: \_\_\_\_\_

**Required**

Department/Unit: \_\_\_\_\_

**Required**

Description of proposed travel (e.g., conference, invited lecturer, personal, etc): \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Departure) (Return)

**TRAVEL INFORMATION**

Destination: \_\_\_\_\_ In State: \_\_\_\_\_

Out-of-State: \_\_\_\_\_ International: \_\_\_\_\_

Expenses will be reimbursed by University: No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, Account(s) to be charged:

1. Account Number/Title: \_\_\_\_\_

2. Account Number/Title: \_\_\_\_\_

3. Funding is available in account being used                      yes                      no

Check any of the following you will use:

UI Vehicle: \_\_\_\_\_ Personal Vehicle: \_\_\_\_\_ Airplane: \_\_\_\_\_ Train: \_\_\_\_\_

PCard: \_\_\_\_\_ Registration: \_\_\_\_\_ Hotel: \_\_\_\_\_ Other: \_\_\_\_\_

Total Cost Estimate for proposed travel using University Funds:                      \$ \_\_\_\_\_

Total Cost Estimate for funding from other non-University Entities:                      \$ \_\_\_\_\_

*Note: Departmental Grant Accounts are University Funds*

=====

**SIGNATURES**

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_ Project Director/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Dept. Executive \_\_\_\_\_ Date \_\_\_\_\_ College Executive \_\_\_\_\_ Date \_\_\_\_\_  
(or Designee) (if Needed)