

## Virginia Tech Travel Estimate and Approval Form

Use this form 1) To provide an estimate of travel expenses in accordance with departmental requirements, 2) To request approval for all international travel from the Office of Export & Secure Research Compliance, and 3) To request approval for international telecommunications services from Communications Network Services. After approvals are granted, a copy of this form must be attached to the department travel expense reimbursement voucher copy. Under policy restructuring, it is no longer a requirement to send this form to the Controller's Office.

### TRAVEL INFORMATION

Name of Traveler: \_\_\_\_\_ Visitor  Faculty  Staff  Student   
 Department: \_\_\_\_\_ Mail Code: \_\_\_\_\_  
 Address for Return of Form: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_  
 Destination(s): \_\_\_\_\_  
 Dates of Travel: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 Name of Dept. Head or Designee Signing Below \_\_\_\_\_

### PURPOSE OF TRIP

#### 1. Conference Travel:

- Giving a presentation or poster
- Serving as panel member, discussant, or chair
- Serving as an officer or board member
- Attending only
- Other please explain \_\_\_\_\_

#### 2. Non-Conference Travel:

State Purpose: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Conference/name (please use complete name): \_\_\_\_\_

#### Estimated cost for:

Transportation: \_\_\_\_\_  
 Lodging: \_\_\_\_\_  
 Meals: \_\_\_\_\_  
 Conf./seminar fee: \_\_\_\_\_  
 CNS approved services: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Total Estimated cost:** \_\_\_\_\_

#### Funding Source:

Dept/Fund/Amount \_\_\_\_\_  
 Dept/Fund/Amount \_\_\_\_\_  
 Dept/Fund/Amount \_\_\_\_\_

Dept #	Fund #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Other Known Attendees:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### LODGING EXCEPTION REQUEST (Required when lodging exceeds ALLOWABLE rate)

ALLOWABLE Lodging Rate (Excluding Taxes)	_____
REQUESTED Lodging Rate (Excluding Taxes)	_____
DIFFERENCE from Allowable to Requested	_____

JUSTIFICATION for excessive lodging rate: \_\_\_\_\_

### TRAVEL REQUEST SIGNATURES/APPROVALS

TRAVELER: \_\_\_\_\_ Date: \_\_\_\_\_  
 SUPERVISOR *for Staff, Students & Visitors* \_\_\_\_\_ Date: \_\_\_\_\_  
 DEPT. HEAD OR DESIGNEE: \_\_\_\_\_ Date: \_\_\_\_\_  
 SENIOR MANAGEMENT (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

### ADDITIONAL APPROVAL/REVIEW REQUIRED FOR INTERNATIONAL TRAVEL

- OFFICE OF EXPORT & SECURE RESEARCH COMPLIANCE (OESRC): (REVIEW required for all international travel. Send a copy to [agland@vt.edu](mailto:agland@vt.edu) or to mail code 0497). If OSP approval is required, OESRC will forward to OSP.
- OFFICE OF SPONSORED PROGRAMS (OSP): (APPROVAL required only when funding source is a grant) \_\_\_\_\_ Date: \_\_\_\_\_
- TMP/ENC (Temporary Export Certification) Date Received : \_\_\_\_\_ Revised May 2012 ESS