

Name:

College of Engineering and Computing

Authorization for Travel (All faculty are required to submit for International Travel)

This form should be completed and submitted to cec@mst.edu thirty (30) days prior to travel.

Dates of Travel: (Indicate any personal travel)

Destination:	International Domestic
Purpose of Travel (Including conference details, name	s of people visiting and any links):
Authority Delegate (If Applicable) Name and Contact In	Im for
Class Arrangements:	110.
I will be using the following	g funds (Check all that apply):
Departmental Funds (i.e., departmental match)	Other Funding (i.e., SRI, distance, start up, OURE)
Grant/Contract Funds (i.e., NSF)	No Missouri S&T Funds
If Missouri S&T funds are being used please indicate the anticipated	account and estimated percentage being charged to each below:
	ravel Funds:
Fund Name:	Fund Name:
MoCode: Account Percentage:	MoCode: Account Percentage:
Estimated Expenses:	
Transportation Costs (including rental car, airfare, train, mil	leage(\$.37 x mile), etc.):
Registration Fee:	Hotel:
Meal Reimbursement:	Misc. Travel Expense:
Total Requested:	
I have evaluated this travel and found it to be nece	essary.
	D- 876
.PPROVED:DATE:	APPROVED: DATE:
Traveler	Department Chair
PPROVED: DATE:	APPROVED: DATE:
	Provost
OFFICE	E USE ONLY
International Travel Warning to	
International travel warning to	O DESIDIATION: TES / INU