Western Illinois Uni Request for Travel	iversity	1	Req. NoT	
Contact Person:			Date:	
Address:				
Name of Person Traveling:				
signatures (see below f	or emplo	rel must be for one individual for one yees in Academic Affairs). Pcard payents section of the respective pcard to	ments for travel expenses	must reference the
			Γ	
Destination of Trip		Beginning and Ending Dates of Travel	Purpose	
				1
	Devices	Trip Summary	Amount	
		ation fee		
		to be paid by PCard t to be reimbursed to Traveler		
	State car			
	Total			
		. 0.00.		
Cost Center Name: Cost Center Number: Amount Authorized:	Cost Center Name: Cost Center Number: Amount Authorized:			
NOTE: Employees who report to a division in Academic Affairs need to attach a justification for the travel that includes a breakdown of the costs (hotel, transportation, Per Diem, registration, etc.) and the level of participation (attendance only, panel presentation, formal paper presentation, other). The reimbursement for professional travel should reflect the level of participation of the applicant. All statements of justification need to be routed through the appropriate dean, department chair, or director's office for comment, approval, and signature.				
Fiscal Agent Signature:				

VP Signature (if required):