

*****AN APPROVED LEAVE FORM MUST BE SUBMITTED WITH THIS FORM.*****

**TITLE III PROGRAM
VISA PRIOR APPROVAL REQUEST**

TRAVEL

Date: _____

Name of Requestor: _____

Name on Credit Card/Signature: _____

Title III Activity: _____ Account Number: _____

Prior approval to utilize the University's VISA card as specified below for travel is requested.

Name of Traveler: _____

Related Objective(s): _____

Purpose of Travel: _____

Date(s) of Travel: _____

Destination: _____

Breakdown of Cost:

Transportation	_____	\$
Lodging (Vendor)	_____	\$
Registration Fee (Vendor)	_____	\$
Meals	_____	\$
Other (Please Specify)	_____	\$
Total Estimated Cost:	_____	\$

VISA CARD WILL BE UTILIZED FOR (Please Specify with Cost):

Room Reservation Only	_____ Night(s) @ \$_____ (Vendor)	\$_____
Registration Fee(s) (Vendor)	_____	\$_____
Lodging Cost for	_____ Nights @ \$_____ per night (Vendor:)	\$_____
Other (Please specify	_____)	\$_____
TOTAL		\$_____

Activity Director/Coordinator: _____
Signature Date

APPROVAL: (This approval is good for 30 days from date of approval).

DISAPPROVAL:

Title III Director Date

Title III Director Date