

*JJ/2024/Title III forms*

**Pre -Travel & Visa Prior Approval Request Form**

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| **Traveler’s Name:** | | Click or tap here to enter text. | | | | |  | **Date:** | | | Click or tap to enter a date. | |
| **Activity Name:** | | Click or tap here to enter text. | | | | | | | | | | |
| **Account Number:** | | Click or tap here to enter text. | | | | | |  | | **Object Code:** | | Click or tap here to enter text. |
| **Conference Name:** | | Click or tap here to enter text. | | | | | | | | | |
| **Conference Destination:** | | | Click or tap here to enter text. | | | | | | | | |
| **Conference Start Date:** | | | | Click or tap to enter a date. | **End Date:** | | | Click or tap to enter a date. | | | |

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| **Purpose** (Please explain the purpose of the conference/workshop and how it relates to your objective(s).) |
| Click or tap here to enter text. |

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| **VISA card will be used for (Check all that apply, with cost (if applicable)):**  **Note: Prior approval to utilize the University’s VISA card to procure hotel charges is required.** It is the cardholder’s responsibility to ensure that the university’s Visa Card may be utilized for this approval and not the undersigned. | | | | | | | | | | |
| **Room Reservation Only (1 Night ):** | | | | | | | | $Click or tap here to enter text. | | *tax included* |
| Hotel cost for | | # of nights | | nights @ | | $ amount | per night | $Click or tap here to enter text. | | *tax included* |
| Hotel Name: | | | Click or tap here to enter text. | | | | | | | |
|  | | | | | | | | | | |
| **Registration Fee:** | | | | | | | | $Click or tap here to enter text. | | |
| Vendor Name: | | | Click or tap here to enter text. | | | | | | | |
|  | | | | | | | | | | |
| **Other:**  (Please specify) | Parking: $(USD) | | | | Per Diem: $(USD) | | |  | | |
| Airfare: $(USD) | | | | Ground Transportation: $(USD) | | | | $ Click or tap here to enter text. | |
|  | | | | | | | | | | |
| **Total Expense** | | | | | | | | | $ Click or tap here to enter text. | |

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| **APPROVAL: This approval is valid for thirty (30) days from the date of approval.** | | | | | | | |
| Traveler: |  | | | |  | Date: | mm/dd/yy |
| Visa Card Holder: | | |  | |  | Date: | mm/dd/yy |
| Activity Director: | | |  | |  | Date: | mm/dd/yy |
| Title III Director: | | |  | |  | Date: | mm/dd/yy |
| **DISAPPROVAL:** | | | | | | | |
| Title III Director: | |  | |  | | Date: | mm/dd/yy |
| Justification: | | | Click or tap here to enter text. | | | | |