



Boise State University Travel Request at No Cost to BSU

This form is an optional tool that may be used to document and approve travel when there is no cost to the University.

Section 1: Employee Information

Name: _____	Department: _____	EMPL ID: _____
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Section 2: Travel Information

Purpose of Travel: _____ _____ _____
Details of personal involvement in activity: <i>(eg. presentation of paper, chair of session, member of organizing committee etc)</i> _____ _____ _____
University Benefit From Travel: _____ _____ _____
Destination(s): _____ _____

TOTAL Days Absent from BSU: _____ (days)	Departure Date: _____ <i>(First day of Travel)</i>	Return Date: _____ <i>(Last day of Travel)</i>
TOTAL <u>Working Days</u> Absent from BSU: _____ (days)	First <u>Working Day</u> absent from BSU: _____	Last <u>Working Day</u> absent from BSU: _____

Section 3: Signature Approval

Employee Signature: _____	Date: _____
Dept. Head Approval: _____	Position: _____ Date: _____
Dean Approval: _____	Position: _____ Date: _____

For information on insurance and liability issues, contact Department of Risk Management, 426-3610.