

**UNIVERSITY OF CALIFORNIA, SANTA BARBARA
MATERIALS DEPARTMENT**

DEPARTMENT TRAVEL APPROVAL FORM

Name of Traveler: _____

Funds to be used: _____

Destination: _____

Dates of Trip: _____

Purpose of Trip: _____

Estimated Cost: This section must be completed to the best of your knowledge.

Transportation: \$ _____ (Airfare, or Car Mileage @ 57.5¢/mi.
effective 1-1-20)

Lodging/Meals: _____

Other: _____ (Reg. Fee, Rental Car, etc.)

Total: \$ _____

Travel Advance(s)? No Yes Total Travel Advance Needed \$ _____

Date Needed _____

Signatures:

Traveler

Date

Advisor/Supervisor

Date

Funding Approval:

Dawn Holden, MSO

Date

Department Approval:

Michael Chabinyk, Chair

Date

College of Engineering Approval:

Dean, College of Engineering

Date