Western Illinois Uni Request for Travel	versity	r	Req. I	NoT
Contact Person:			Date:	
Address:				
Name of Person Travelin	g:			
signatures (see below f	or emplo e comme	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
Destination of Title		Beginning and Ending Dates of	Dumana	
Destination of Trip		Travel	Purp	ose
		Trip Summary	Amount	
		ation fee		
		o be paid by PCard		
	Amount to be reimbursed to Traveler			
	State car			
	Total			
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: _				

President/VP/AVP Signature (if required):