

PRIOR AUTHORIZATION Travel Request Form (policy 1501)

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

DEPARTMENT OF CLASSICS

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Traveler's Name:			
Conference/Location Attending			
Travel to: City/State/Country			
Purpose of Travel:			
•			
Dates of Travel:	-		
Substitute teaching covered by:			
All business travel must support the rapprovals, and be carefully planned to possible.			
If you will be traveling for personal r and Personal Travel Justification and			ust complete a Combined Business
For conference registration fees that vergistration form. What is the payment		_	
Will you be submitting expenses for a (NOTE: Reimbursement details must			of return from your trip.)
For International Travel Only:			
How will UNC travel insurance cove	rage be paid? Acct	/Fund	Direct payment by
Faculty are required to purchase UN purchase non-UNC coverage in selec			· ·
**If you are traveling internationally Registry. http://globaltravel.unc.edu/ the Carolina community who may fin	login.cfm This regi	stry is to facilitate	communication with members of
Traveler's Signature	Da	te	
Approved by:			
James B. Rives, Chair, Department of	f Classics Dat	e	
Office Use: C# T#	Insurance proc	essed	Updated 8/23/2019